

SCHEDULE 1 - SERVICE CONTRACT DETAILS

Item No	Term	Details
Item 1	Provider's Name, ABN and Address	Name of legal entity: Trading name (if any): ABN: ACN: Address: Email:
Item 2	Type of organisation	Legal status: <input type="checkbox"/> Company Limited by Guarantee <input type="checkbox"/> Aboriginal and Torres Strait Islander Corporation <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Local Council <input type="checkbox"/> Co-operative <input type="checkbox"/> Australian Government Department <input type="checkbox"/> Other (specify) _____ Charity status: <input type="checkbox"/> Registered charity
Item 3	Provider's Address for Service of Notices	Address: Email:
Item 4	Commencement Date	1 October 2016
Item 5	Completion Date	30 June 2022
Item 6	TfNSW Representative	Name: Jacob Loadsman Position: Principal Manager, Service Contracts & Finance Telephone: 0429 380 453 Email: jacob.loadsman@transport.nsw.gov.au
Item 7	Provider's Representative	Name: Position: Telephone: Email:

Item 8	Programs the Provider receives Funding to deliver Services under from Effective Date	<input type="checkbox"/> CHSP <input type="checkbox"/> NGO Grants <input type="checkbox"/> CTP
Item 9	GST Status and Type of Entity	<input type="checkbox"/> Registered for GST <input type="checkbox"/> Government entity <input type="checkbox"/> Not required to be registered for GST
Item 10	The Provider's Account Details	Institution: Account Name: BSB: Account Number:
Item 11	The Provider's indemnity cap	Insurable negligence: at a minimum amount of \$10 million public liability insurance. All other liabilities: capped at an amount equal to the amount of Funding paid, or to be paid, to the Provider for the delivery of the Services in the first year of the Term.
Item 12	TfNSW's liability cap	1 times the total amount of the Funding paid, or to be paid, to the Provider for the delivery of Services in the first year of the Term.

Reviewed / updated

Signature of authorised representative:
Name of authorised representative:
Position of authorised representative:
Date: