|  |
| --- |
| Application for consent to subcontract to another organisation |
| For DCJ human service contracts |
| CONTRACT MANAGEMENT FRAMEWORK | Form | 9 June 2023 |
|  |

|  |
| --- |
| This form is used by service providers contracted by the Department of Communities and Justice (DCJ) to apply for consent to subcontract to another organisation in a consortium or fee-for-service arrangement, but not for labour hire. |

Instructions

Before filling in this form, read [*Subcontracting — responsibilities for service providers*](https://www.facs.nsw.gov.au/providers/funded/resources/subcontracting) on our website.

Read and follow all instructions (blue text) in this form.

The form is in three parts. You must complete **all** parts.

When you have completed the form and signed the declaration, send the application by email to your DCJ contract manager. You may delete the blue instructions before submitting the form.

We strongly recommend you obtain independent legal advice in relation to this form.

Complete this form for **PSP** subcontracting arrangements if the PSP contract does not identify pre-approved subcontracting arrangements.

# Part 1. Application details

|  |  |
| --- | --- |
| Date of application | Click here to enter a date. |
| Service provider name | <your organisation’s name> |
| Service provider ID  This can be obtained from the DCJ portal |  |
| Service provider’s representative  The contact person for this application | Name:  Position:  Phone number:  Email address: |
| Name of your DCJ contract manager |  |

## Applicable contract

|  |  |
| --- | --- |
| Program contract ID  This can be obtained from the DCJ portal. |  |
| Contract start and end dates  This can be obtained from the DCJ portal. | Click here to enter a date. |

## Reason for subcontracting and proposed arrangement

|  |  |
| --- | --- |
| What are the services proposed to be subcontracted?  State the services or activities as they are specified in the contract.  State the volume and extent of services in the existing contract that are being subcontracted? |  |
| Why does <your organisation’s name> propose subcontracting these services? |  |
| Type of arrangement proposed | Consortium, with contracts in place  Fee-for-service arrangement, using purchase orders |
| Projected cost of subcontracting arrangement | Proposed cost of subcontracting =  Administration fee = |
| Period of the proposed subcontract arrangement | Start date:  End date: |

## About <your organisation’s name>

|  |  |
| --- | --- |
| Are any of the members of your organisation’s governing body also a member of the proposed subcontractor’s governing body? | Yes  No |
| If ‘no’, are there plans for any members of your organisation’s governing body to also be a member of the proposed subcontractor’s governing body? | Yes  No  Unsure |
| Does your organisation have a DCJ *Performance Improvement Plan* or *Service Development Plan* currently in place or under negotiation? | Yes  No |
| Does your organisation have joint working arrangements with organisations (excluding those you propose to subcontract in this application)? | Yes  No |
| If ‘yes’, provide details |  |
| Is your organisation anticipating a merger, acquisition or amalgamation? | Yes  No |
| If ‘yes’, provide details  State whether a merger or acquisition is being considered or planned, and the names of the organisations involved.  If you are unable to disclose the names of some or all of the organisations, indicate the number that are involved, the reasons for the non-disclosures and when their names can be disclosed.  You must notify us, in writing, of any change of control that materially affects your ability to provide the services you are contracted to deliver  Information about the implications of a merger, acquisition, amalgamation or similar change of control, and the requirements for notifying DCJ can be found on the [DCJ website](https://www.facs.nsw.gov.au/providers/working-with-us/fcm-resources/mergers-acquisitions-and-amalgamations) |  |
| Have you developed or are you planning to develop a process to manage the performance of the proposed subcontractors? | Yes  No |
| If ‘yes’, provide an outline of the process |  |
| Do the proposed subcontracting arrangements give rise to any conflicts of interest?  A conflict of interest can be actual, potential or perceived.  Actual: a direct conflict exists between current official duties and existing private interests.  Perceived: it appears or could be perceived that private interests are improperly influencing the performance of official duties, whether or not that is actually the case.  Potential: private interests are not, but could come into direct conflict with official duties.  If ‘yes’: | Yes  No  Unsure |
| 1. Provide details.   State the names of the individuals involved, and the nature of the conflict of interest. |  |
| 1. Have the conflicts of interest been declared within the organisations? | Yes  No |
| If ‘yes’, how are the conflicts of interest being or planned to be managed? |  |

## The proposed third parties

List the names of all third-party organisations.

|  |  |
| --- | --- |
| <your organisation’s name> proposes subcontracting to the following organisations (third parties) | 1. <Name of third party 1> 2. <Name of third party 2> 3. <Name of third party 3> 4. <add or delete names, as required> |

# Part 2. About the proposed third parties

For each third party you have proposed, copy-and-paste the following heading and table, and fill in all of the requested information.

## Third party 1: <Name of organisation>

|  |  |  |
| --- | --- | --- |
|  | Type of organisation |  |
|  | Trading name |  |
|  | Parent company or subsidiaries  Provide details of the relationships.  If the organisation does not have a parent or subsidiary companies, write ‘Not applicable’. |  |
|  | Australian Company Number (ACN)  Or write ‘Not applicable’. |  |
|  | Australian Business Number (ABN) |  |
|  | Website address |  |
|  | Address of registered office |  |
|  | Postal address |  |
|  | Years in business |  |
|  | Names and roles of members of the governing body | * <Name>, <Role> |
|  | Names of principal shareholders  Name parties with >= 20% shareholding.  If the organisation does not have shareholders, write ‘Not applicable’. |  |
|  | Number of staff | Total:  Full-time:  Part-time and casual: |
|  | What are the core capabilities of the organisation? |  |
|  | Number of staff proposed to provide services for DCJ contracts | Total:  Full-time:  Part-time and casual: |
|  | Is the organisation funded by DCJ?  If ‘yes’: | Yes  No |
|  | 1. What services are they funded to provide?   State the services as they are specified in the contract. |  |
|  | 1. Is there a DCJ *Performance Improvement Plan* or *Service Development Plan* in place? | Yes  No |
|  | Is the organisation funded by other agencies?  If ‘yes’: | Yes  No |
|  | 1. Provide details.   List the agencies, the amount of funding, how long the organisation has been receiving funding, and what services they are funded to provide. |  |
|  | 1. Are there any performance concerns and/or is there a plan in place to improve performance? |  |
|  | Does the organisation have joint working arrangements with any other organisations? | Yes  No |
|  | If ‘yes’, provide details  State the nature of the joint working arrangement, and the names of the organisations involved. |  |
|  | Is there any outstanding legal action against the organisation, or any members of the governing body or partners? | Yes  No |
|  | If ‘yes’, provide details  State the nature of the legal action and who or what is affected by it |  |
|  | Is the organisation anticipating a merger, acquisition or amalgamation? | Yes  No |
|  | If ‘yes’, provide details  State whether a merger or acquisition is being considered or planned, and the names of the organisations involved (if the names are not confidential). |  |
|  | Does the organisation or is the organisation planning to further subcontract any of the services? | Yes  No |
|  | If ‘yes’, provide details  State whether subcontracting is in place or being considered or planned, the names of the organisations involved, and the applicable services or activities. |  |
|  | Is the organisation, or any of its staff nominated to provide the services, in a position which may or does give rise to any conflicts of interest in relation to the services to be delivered?  A conflict of interest can be actual, potential or perceived.  Actual: a direct conflict exists between current official duties and existing private interests.  Perceived: it appears or could be perceived that private interests are improperly influencing the performance of official duties, whether or not that is actually the case.  Potential: private interests are not, but could come into direct conflict with official duties.  If ‘yes’: | Yes  No  Unsure |
|  | 1. Provide details.   State the names of the individuals involved, and the nature of the conflict of interest. |  |
|  | 1. Have the conflicts of interest been declared within the organisation? | Yes  No |
|  | If ‘yes’, how are the conflicts of interest being or planned to be managed? |  |
|  | Have you sighted and taken a copy of the subcontractors current insurance policies? | Yes  No |
|  | Have you sighted and taken a copy of the subcontractors’ relevant accreditation, certification, registration or licence, as applicable for this service? | Yes  No |
|  | Have you ensured that all applicable staff of each subcontractor has a current Working with Children Check and National Police Certificate and has complied with any other applicable requirements under the Children and Young Persons (Care and Protection) Act and regulations made under this Act? | Yes  No |

# Part 3. Service provider declaration

1. As authorised signatories\* of <your organisation’s name>, we confirm that:
   1. our governing body is aware of the additional responsibilities and obligations of subcontracting;
   2. our governing body is aware of, and approved the information in this form being submitted to DCJ;
   3. DCJ has strongly recommended we obtain independent legal advice in relation to this form; and
   4. we warrant that all information provided by us in this form is true and correct.

Use the signature block that applies to your organisation. Must be authorised signatories of the organisation, or their delegate.

#### Signature block for organisations with multiple authorised signatories

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  | *Name* |
|  |  |  |
| *Position* |  | *Position* |
|  |  |  |
| *Signature* |  | *Signature* |
|  |  |  |
| *Date* |  | *Date* |

#### Signature block for organisations with one authorised signatory

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  | *Witness name* |
|  |  |  |
| *Position* |  |  |
|  |  |  |
| *Signature* |  | *Signature* |
|  |  |  |
| *Date* |  | *Date* |