



Australian Government

Department of Education, Employment and Workplace Relations

GPO Box 9880

[add City, State/Territory, Post Code]

Telephone: [Enter here]

Facsimile: [Enter here]

Email: [Enter here]

Website: www.deewr.gov.au

[insert date]

[Insert name and address of Funding Recipient]

Letter of Offer – Regarding funding for the Inclusion and Professional Support Program: [insert name of program element]

Dear Sir/Madam,

I am pleased to advise that the Department of Education, Employment and Workplace Relations (We) have approved funding under Our Inclusion & Professional Support Program for [insert legal name of funding recipient] (You) to undertake the Project in accordance with the attached Agreement.

If You believe that You will have difficulties complying with any part of the Agreement, You must resolve these before executing this Agreement. If You are uncertain about any aspects of this Agreement You should seek independent legal advice before execution.

If You wish to undertake the Project on the terms and conditions set out in the Agreement, please:

- (a) check and if necessary, amend or complete the bank account details in the table at item H1.1 of the Schedule;
- (b) complete the details at items T2.1 and T2.2 of the Schedule specifying the details of Your contact person for the Agreement. The contact person must be a person who is appropriate to receive notices under this Agreement which We send to You; and
- (c) complete the execution page (page 3 of this document) on both copies of the Agreement by:
 - (i) having person(s) authorised by You to enter into a legally binding contract (in accordance with any requirements You have for executing a legally binding contract) sign in the appropriate place(s); and
 - (ii) entering the date You sign the Agreement in the appropriate place;

You should return one copy of the Agreement, signed and completed as set out in paragraphs (a) to (c) above, to Us within 21 days of the date of this letter. The Agreement will commence on the day We receive one copy of this Agreement signed and dated by You.



The Departmental Officer for the Agreement is specified in Item T of the Schedule. We may also nominate another Departmental Officer if We notify You in writing.

If You have any questions about this offer, please contact the Departmental Officer on [\[insert phone number\]](#) or email [\[insert email address\]](#).

Yours sincerely,

Group Manager
Early Childhood Quality and Workforce Group

for and on behalf of the Commonwealth of Australia

DRAFT

PARTIES

THE COMMONWEALTH OF AUSTRALIA ('Commonwealth') represented by and acting through the Department of Education, Employment and Workplace Relations ABN 63 578 775 294 ('We', 'Us', 'Our')

and

[insert name of other party – in bold capitals] ABN [insert(not bold) ABN – or ARBN, or ACN or ICN – see Guidance material if no ABN] ('You', 'Your'),

(collectively, the 'Parties').

YOUR SIGNATURE(S)

Executed by the parties as an agreement on day of 2012

(Please insert date, above)

Signed for and on behalf of [insert name of Funding Recipient – in bold capitals] by:

(Printed name)

(Printed name)

(Position)

(Position)

(Signature)

(Signature)

in the presence of:

(Printed Name of witness)

(Witness's signature)