



Aged Care Workforce Retention Payment Variation Request and Declaration

IMPORTANT INFORMATION: We will pay you the same amount in January 2021 as the September 2020 payment unless you lodge a variation. Some applicants must lodge a variation, as explained below.

The January 2021 payment for this grant opportunity will be automated. If there is a need, you can submit a variation pursuant to section 5.2 of the Grant Opportunity Guidelines. This is specified in your grant agreement. This payment has been based on the amount you received in the second payment.

Please note:

1. You **must** submit a variation request and declaration form if the amount payable in respect of Eligible Aged Care Workers employed by you as at 30 November 2020 is more than **10% lower** than the amount received for the second Grant payment.
2. You **may** submit a variation request and declaration form if the amount payable in respect of Eligible Aged Care Workers employed by you as at 30 November 2020 is greater than the amount received for the second payment and you wish to claim for the additional amount. (See sections 5.2, 5.3, 7.2 and 10.2 of the Grant Opportunity Guidelines for more information).
3. For multi-site providers, variations are calculated by application. If there is an equal increase in the Eligible Aged Care Workers employed at one facility payment, and a decrease at another (as at the September payment) you can manage retention bonus payments. This must be within the current funding amount under the existing grant agreement (without lodging a variation).

NEXT STEPS:

Complete the declaration below if you need to submit an updated Eligible Aged Care Worker Staffing Profile Spreadsheet to vary your January 2021 grant payment.

Please submit the completed declaration with your updated Eligible Aged Care Worker Staffing Profile Spreadsheet. You must show the amount payable in respect of Eligible Aged Care Workers employed by you at 30 November 2020 for the 4 weeks preceding.

You will need to submit this form by **11 December 2020**.

Variation Request and Declaration — January 2021 Payment

Legal Identity Name: Click or tap here to enter text.

Organisation ID*: Click or tap here to enter text.

Agreement ID*: Click or tap here to enter text.

(These IDs are at the top of page 3 of your Letter of Agreement).

Please confirm:

Do you have any actual, potential or perceived conflict of interest related to or arising from submitting this variation?

Yes No

(You must notify the Department as soon as possible if any conflicts of interest arise after submission of this variation).

Information – Payment 1:

Total value shown in **original** Eligible Aged Care Worker Staffing Profile Spreadsheet: Click or tap here to enter text.

Information – Payment 2:

Total value shown from the **previously updated** Eligible Aged Care Worker Staffing Profile Spreadsheet: Click or tap here to enter text.

Information – Payment 3:

Total value shown in the **updated** Eligible Aged Care Worker Staffing Profile Spreadsheet: Click or tap here to enter text.

Please read and complete the following Declaration as the Authorised Officer¹:

I declare that:

- I am an authorised officer of the applicant who has authority to make this declaration and enter into a legally binding grant arrangement with the Commonwealth, on behalf of the grantee.
- I have attached the updated Eligible Aged Care Worker Staffing Profile Spreadsheet. Showing the amount payable in respect of Eligible Aged Care Workers employed by the grantee as at 30 November 2020.
- I have read, understood and agree to abide by the grant agreement (including the Grant Opportunity Guidelines) as they relate to this variation.
- I agree to receive a Recipient Created Tax Invoice (RCTI) for this funding, if applicable.
- The information contained herein is true and correct.

I understand that:

- My performance of the grant agreement, and the details relating to this variation, may be audited by the Department or its agents.
- The Department may request further evidence in relation to this variation request.
- The Department may make public the details of this revised funding.
- Giving false or misleading information to the Commonwealth as part of this process is a serious offence².

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

Full name of Authorised Officer: Click or tap here to enter text.

Position of Authorised Officer: Click or tap here to enter text.

A copy of the receipt will be emailed to: Click or tap here to enter text.

¹ An Authorised Officer of the Applicant must sign this declaration. If this is a joint/consortium application, an Authorised Officer of the lead organisation must sign. The Authorised Officer should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

² Section 137.1 of the *Criminal Code Act 1995* (Cth) establishes a penalty of 12 months imprisonment for this offence.