

Department of Health

Ms Patricia Lavater Esther Foundation PO Box 421 Kalamunda WA 6926

Dear Ms Lavater

The Commonwealth, as represented by the Department of Health (the Department) wishes to vary an existing Agreement it has with The Esther Foundation ABN 54 154 517 827 (Your Organisation). That Agreement can only be varied by the written agreement of Your Organisation and the Department.

This letter (Variation) varies the standard grant agreement between Your Organisation and the Commonwealth represented by the Department (the parties) that was executed on 25 June 2019 (Agreement). The Agreement governs the Department's provision of grant funding to Your Organisation under the Community Health and Hospitals Program.

Two copies of this Variation are provided for Your Organisation to sign. Your Organisation should sign, date and return both copies to the Department at the address below or via email to within 30 days after the date of this letter.

The Parties agree that the Variation takes effect from the date on which it is signed by the last Party to do so. This Variation will not be binding on the Commonwealth or Your Organisation and no legal obligations will arise unless and until the Department signs the two copies of the Variation and returns a signed copy to you.

If you have any questions, please me on \$22

or email \$22

Yours sincerely

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Director
Community Health and Hospitals Program
Health Infrastructure Branch
Portfolio Strategies Division
// July 2019

Parties	Department of Health ABN 83 605 426 759 (the Department)		
	The Esther Foundation Incorpora Road, Kalamunda WA 6076 (Your	ated ABN 54 154 517 827 of 75 Kalamunda Organisation)	
Executed	by the Parties as a deed on		
	(Date of	on which last party signs the Variation)	
for and on b	aled and Delivered by the relevant delegate behalf of the Commonwealth of Australia to by and acting through the Department of 183 605 426 759 in the presence of:	(Signature of Witness)	
(Signature o	of Departmental Representative) //	(Signature of Witness)/	
(Name of D	pepartmental Representative)	(Name of Witness in full)	
Compan Signed by	ny S	154 517 827, in accordance with its Constitution:	
(Signature	Of Director)	(Signature of other Director/Secretary)	
(Name of D	Director in full)	(Name of Director/Secretary in full)	

Signatories to this Variation:

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Commonwealth of Australia rep Department of Health ABN 83 60	resented by and acting through the 05 426 759 (the Department)
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(Date	on which last party signs the Variation)
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e Esther Foundation Incorporated ABN 54	154 517 827. In accordance with its Constitution: \$47F
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oirector) icia Lavater	(Signature of other Director/Secretary) Treasure/ ANINA FINDLING
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	Commonwealth of Australia rep Department of Health ABN 83 66 The Esther Foundation Incorpor Road, Kalamunda WA 6076 (Your by the Parties as a deed on

ATTACHMENT A - Amendment to the Agreement

New Activity Schedule to Replace the Existing Schedule in Section C. Duration of the Grant

Activity Schedule	
Milestone	Due Date
Interim Activity Work Plan and Budget.	15/08/2019
Detailed Activity Work Plan and Budget	15/11/2019
Progress Report.	15/02/2020
Progress Report and an audited Financial Expenditure Statement.	30/08/2020
Progress Report.	15/02/2021
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Progress Report and an audited Financial Expenditure Statemen	30/08/2022
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Progress Report.	15/02/2024
Progress Report and an audited Financial Expenditure Statement	30/08/2024
Progress Report.	15/02/2025
Final Progress Report for the person from the commencement of the grant until 30 June 2025 and an audited Financial Statement for the entire period.	30/09/2025

Replace the existing time frame for delivery of the final report under Item D. Payment of the Grant and replace with the following:

Final Report,	30 September		
including Financial	2025		

New Milestone Table to Replace the Existing Table in Section E. Reporting

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following:

Milestone	Information to be included	Due Date	
Activity Work Plan	Submit for approval an Interim Activity Work Plan and Budget identifying planned activities, timeframes and governance.	15 August 2019	
Activity Work Plan	Submit for approval a Detailed Activity Work Plan and Budget identifying planned activities, (client numbers, structure to support increased demand of the program, therapy sessions, referrals and locations; national partners for national implementation and evaluations), timeframes, detailed governance and a plan for sustainability beyond contract end date and budget.	15 November 2019	
Activity Work Plan Report	Progress Report.	15 February 2020	
Financial Acquittal Report	Progress Report and an audited Financial Expenditure Statement.	30 August 2020	
Activity Work Plan Report	Progress Report.	15 February 2021	
Financial Acquittal Report	Progress Report and an audited Financial Expenditure statement.	30 August 2021	
Activity Work Plan Report	Progress Report.	15 February 2022	
Financial Acquittal Report	Progress Report and an audited Financial Expenditure Statement	30 August 2022	
Activity Work Plan Report	Progress Report.	15 February 2023	
Financial Acquittal Report	Progress Report and an audited Financial Expenditure Statement	30 August 2023	
Activity Work Plan Report Progress Report		15 February 2024	
Financial Acquittal Report	Progress Report and an audited Financial Expenditure Statement	30 August 2024	
Activity Work Plan Report	Progress Report	15 February 2025	
Financial Acquittal Report	Final Progress Report for the period from the commencement of the grant until 30 June 2025 and an audited Financial Statement for the entire period	30 September 2025	