



Australian Government

Department of Health and Aged Care

Mrs Britt Logie
 Shire of Williams
 PO Box 96
 WILLIAMS WA 6391
 shire@williams.wa.gov.au

Dear Mrs Logie

I am pleased to offer the following Grant to your organisation to undertake the following Activity under the following Program.

Note: the amounts in this table may have been rounded. For exact Milestone amount/s, see **Item D – Payment of the Grant.**

| Program | Activity Name | Grant Amount (excl. GST) | GST (if applicable) | Total (incl. GST) |
|---------------------------------------|--|--------------------------|---------------------|--------------------|
| Play Our Way Facilities Stream Grants | Play Our Way Program - Stream 1 - Facilities - 4-KI0QTBV | \$1,687,500 | \$168,750 | \$1,856,250 |
| Total | | \$1,687,500 | \$168,750 | \$1,856,250 |

This letter, the enclosed document titled *Commonwealth Standard Grant Agreement*, Grant Details, Supplementary Terms from the Clause Bank (if any) and any documents incorporated by reference into this document form the Agreement. The Agreement can only be varied by written agreement between you and us.

A separate set of Grant Details, including any Supplementary Terms from the Clause Bank (if any) is provided for each Program, each set of Grant Details may contain one or more Activities. Additional Grant Details may be added to this Agreement by means of variation.

Provision of this Grant is subject to the Agreement being signed by both you and us. The Grant will be paid to you as set out in the Grant Details dependent upon your ongoing compliance with the Agreement.

This offer of a Grant does not imply any commitment to further funding.

You are provided with the Agreement, which must be printed and signed by you. By signing the Agreement you have agreed to enter into the Agreement.

To accept this offer and enter into an agreement with the Commonwealth, represented by Department of Health and Aged Care, ABN 83 605 426 759 in relation to the Grant, please sign the attached Grant Agreement and return the signed copy within twenty (20) business days from the date this document was offered to the address below, otherwise this offer will lapse.

Health.Capital@dss.gov.au
 Commonwealth Grant Agreement Cover Letter – 2024

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OFFICIAL

When we receive the signed Agreement, we will sign, date and return a copy of the Agreement to you for your organisation's records.

If you believe that you will have difficulties complying with any part of the Agreement, then you will need to resolve these before signing this Agreement. If you are uncertain about any aspects of this Agreement you should seek independent legal advice before execution.

If you have any questions about this offer, please email Health.Capital@dss.gov.au.

Yours Sincerely,

A handwritten signature in black ink that reads "Bourne". The signature is written in a cursive style with a large initial 'B'.

Vanessa Bourne
Assistant Director
Transitions Health Grants
Hub Operations Branch
07/03/2025