# SUMMARY OF ERC SUBMISSION

Please complete the tables below prior to providing all initiatives to the Minister’s Office.

|  |  |
| --- | --- |
| **AGENCY NAME:**  | **AGENCY** |
| **PORTFOLIO:** | **MINISTER FOR PORTFOLIO** |

## FINANCIAL IMPACT OF ALL INITIATIVES PROVIDED TO MINISTER:

| Impact on State Finances | [Current year]$’000 | [Budget year]$’000 | [Forward Estimate year 1] $’000 | [Forward Estimate year 2] $’000 | [Forward Estimate year 3] $’000 |
| --- | --- | --- | --- | --- | --- |
| GG Expenses | - | - | - | - | - |
| GG Net Operating Balance | - | - | - | - | - |
| Total Public Sector Net Debt | - | - | - | - | - |
| Asset Investment Program | - | - | - | - | - |
| Salaries Expense Limit | - | - | - | - | - |
| Additional FTEs | - | - | - | - | - |
| Impact on Treasurer’s Advance | - | - | - | - | - |
| Source of Funding |
| Cash at Bank (a) | - | - | - | - | - |
| Other (Please specify) | - | - | - | - | - |
| Additional Appropriation | - | - | - | - | - |
| 1. Own-source revenue or other surplus cash balances should be considered as a funding source prior to a request for additional appropriation funding.

 **Insert Name (signed)****Chief Finance Officer****Agency** |

I confirm that I have reviewed and support all initiatives listed on the following submission contents page.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECTOR GENERAL MINISTER FOR PORTFOLIO**

**(OR EQUIVALENT) DATE**

**DATE**

# AGENCY SUBMISSION CONTENTS PAGE

# *DN: Please complete the following table. If more than one initiative is being put forward for consideration, please list these in order of priority.*

| **Priority Order #** | **Submission Type (a)** | **Issue Title** | **Brief Description** | **Justification of Urgency** | **Net Debt Impact across the Forward Estimates ($’000)** | **Page Number** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Choose an item. |  |  |  |  |  |
| 2 | Choose an item. |  |  |  |  |  |
| 3 | Choose an item. |  |  |  |  |  |
| 4 | Choose an item. |  |  |  |  |  |
| 5 | Choose an item. |  |  |  |  |  |
| 6 | Choose an item. |  |  |  |  |  |
| 7 | Choose an item. |  |  |  |  |  |
| 8 | Choose an item. |  |  |  |  |  |
| 9 | Choose an item. |  |  |  |  |  |
| 10 | Choose an item. |  |  |  |  |  |
| 11 | Choose an item. |  |  |  |  |  |
| 12 | Choose an item. |  |  |  |  |  |
| 13 | Choose an item. |  |  |  |  |  |
| 14 | Choose an item. |  |  |  |  |  |
| 15 | Choose an item. |  |  |  |  |  |
| 16 | Choose an item. |  |  |  |  |  |
| 17 | Choose an item. |  |  |  |  |  |
| 18 | Choose an item. |  |  |  |  |  |
| 19 | Choose an item. |  |  |  |  |  |
| 20 | Choose an item. |  |  |  |  |  |

1. Use the built-in dropdown list to indicate the type of submission. If more than one type applies, please manually type these in using the list as a guide. Note that this should match the boxes ticked on the ERC Submission Template.

# ERC SUBMISSION TEMPLATE

## MINISTER FOR PORTFOLIO

## SUBMITS TO

## TREASURER AND CHAIR, EXPENDITURE REVIEW COMMITTEE

*Please provide the following information for each initiative submitted:*

|  |  |
| --- | --- |
| **Title:** |  |
| **Agency Name:** |  |
| **Portfolio:** |  |
| **Priority:** | *Item X of X(this should relate to the table of contents priority numbering)* |
| **Type of Submission:** | [ ]  New Recurrent[ ]  New Capital[ ]  Election Commitment [ ]  Cabinet/ERC Report Back[ ]  Digital Capability Fund [ ]  Asset Maintenance Fund [ ]  Aboriginal Expenditure | [ ]  Carryover (Recurrent) [ ]  Carryover (Capital) [ ]  Recurrent Cost Pressure[ ]  Capital Cost Pressure[ ]  Other Parameter [ ]  Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SIMS Adjustment IDs:** |  |

## URGENCY

The level of urgency needs to be clearly demonstrated.

## AGENCY DELIVERY PERFORMANCE

Summary of the agency’s view on its capacity to deliver on existing commitments, [e.g. on track/delayed and cost pressures, etc.] related to the project. In addition address your agency's recent history (between current and prior financial year) of recurrent or capital carryovers (noting unaddressed carryovers may demonstrate to ERC a failure to deliver existing commitments). Please highlight election commitments that are included in your summarised carryover information.

## ELECTION COMMITMENTS

Does this submission concern the implementation of a 2021 election commitment?

|  |
| --- |
| [ ]  Yes *[which election commitment? Provide the title of the election commitment.]* [ ]  No |

## SUNSET CLAUSES

Does this submission have a net operating balance impact at or above $5 million in any one year?

|  |
| --- |
| [ ]  Yes[ ]  No *[move to Infrastructure Proposals]* |

If yes, is the submission subject to a Sunset Clause?

|  |
| --- |
| [ ]  Yes *[please complete the Evaluation Plan Summary (Appendix A1) in consultation withthe Department of Treasury and attach to this submission]*[ ]  No *[provide justification]* |

## INFRASTRUCTURE PROPOSALS

Does this submission concern investment in a State-owned asset?

|  |
| --- |
| [ ]  Yes[ ]  No *[move to Outcome Based Management]* |

If yes, has Treasury confirmed the submission meets the requirements of the Strategic Asset Management Framework?

|  |
| --- |
| [ ]  Yes[ ]  No *[provide explanation]* |

For non-residential building projects above $5 million, has the Department of Finance’s Infrastructure Delivery Unit validated the project costings and schedules?

|  |
| --- |
| [ ]  Yes *[please ensure a copy of the Infrastructure Delivery Unit’s advice on this proposalis attached to this submission]*[ ]  Not applicable*[Note: this validation is not required for projects being delivered by Transport agencies, Public Non-Financial Corporations, or the Department of Communities’ social housing projects.]* |

Does this submission have an estimated total cost of $100 million or above?

|  |
| --- |
| [ ]  Yes *[please ensure a copy of Infrastructure WA’s advice on this proposal is attached to this submission]*[ ]  No *[move to Outcome Based Management]* |

## OUTCOME BASED MANAGEMENT

Will this submission increase the agency’s Total Cost of Services by $20 million or more in total across the forward estimates period, or by more than 2% in the current year?

|  |
| --- |
| [ ]  Yes *[please outline the impacts on the Outcome Based Management framework (Appendix A2) and attach to this submission]*[ ]  No *[move to Financial Implications]* |

## ABORIGINAL EXPENDITURE

Does this submission relate to Aboriginal Expenditure?

|  |
| --- |
| [ ]  Yes *[please complete Appendix A3 and attach to this submission]*[ ]  No *[move to Financial Implications]* |

## FINANCIAL IMPLICATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact on State Finances** | **[Current year]$’000** | **[Budget year]$’000** | **[Forward Estimate year 1]$’000** | **[Forward Estimate year 2]$’000** | **[Forward Estimate year 3]$’000** |
| **Expense Limit** | - | - | - | - | - |
| **General GovernmentNet Operating Balance** | - | - | - | - | - |
| **Total Public Sector Net Debt** | - | - | - | - | - |
| **Asset Investment Program** | - | - | - | - | - |
| **Adjustment to Approved Salaries Expense Limit (a)** | - | - | - | - | - |
| **Additional FTEs** | - | - | - | - | - |
| **Impact on Treasurer’s Advance** | - | - | - | - | - |
| **Source of Funding** |
| **Cash at Bank (b)** | - | - | - | - | - |
| **Other *(Please specify)*** | - | - | - | - | - |
| **Additional Appropriation** | - | - | - | - | - |
| 1. Salaries expense limit comprises salaries plus district allowance plus accrued leave, less salaries and wages recoups (excluding superannuation). Any changes to the Executive Salary Expenditure Limit must be disclosed in the ERC submission and footnoted against the Impact on State Finance’s table. The Executive Salary Expenditure Limit comprises executive salaries and wages, but excludes allowances, leave entitlements, fringe benefits tax, superannuation and workers compensation.
2. Own-source revenue or other surplus cash balances should be considered as a funding source prior to a request for additional appropriation funding.

 **Insert Name (signed)****Chief Finance Officer****Agency** |

## STREAMLINED BUDGET PROCESS

## EXTERNAL FUNDING SOURCE

## BACKGROUND

## CONSULTATION

## RECOMMENDATION

That the ERC (approve/note/endorse)

1. approve…
2. note….
3. endorse….

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MINISTER FOR PORTFOLIO**

**DATE**

**Evaluation Plan Summary**

It is a mandatory requirement that the Evaluation Plan Summary is first reviewed by the Department of Treasury prior to formal ERC submission.

For further details about completing this document see the [Sunset Clause Guide](https://www.wa.gov.au/system/files/2021-01/sunset-clause-agency-guide.pdf).

*If funding is approved, a Full Evaluation Plan is to be developed collaboratively with the Department of Treasury, within an agreed timeframe.*

|  |
| --- |
| **PROGRAM INFORMATION** |
| Status | [ ]  New [ ]  Existing |
| Dates | Start:  | Cessation:  |
| **PROGRAM INTENT** |
| Key Objectives |  |
| **PROGRAM RESULTS** |
| **1. OUTCOME[[1]](#footnote-1)** |
| Description |  |
| Baseline |  |
| Target[[2]](#footnote-2) | Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Data Sources |  |
| **2. OUTCOME1** |
| Description |  |
| Baseline |  |
| Target2 | Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Data Sources |  |
| **1. OUTPUT1** |
| Description |  |
| Baseline |  |
| Target2 | Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Data Sources |  |
| **2. OUTPUT1** |
| Description |  |
| Baseline |  |
| Target2 | Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Data Sources |  |
| **PROGRAM STRUCTURE**  |
| Detail the following:* how the program will be implemented;
* what alternative implementation methods were considered and the reasons for rejecting them; and
* how the implementation structure suits program cessation and the steps taken to ensure cessation is achievable.
 |
| **EVALUATION MANAGEMENT** |
| Who will conduct the evaluation?[ ]  Agency [ ]  Consultant [ ]  Both |
| Budget Allocation |  |
| FTE Allocation |  |

**Outcome Based Management Framework**

**(Appropriation-funded Agencies Only)**

If the submission will increase an agency’s Total Cost of Services by $20 million or more across the forward estimates period, or by 2% or more in the Budget year, the associated impact on the agency’s existing Outcome Based Management (OBM) reporting framework should be quantified for Government consideration. If it is not, it is unlikely that the submission will be supported by Treasury.

Further information on the [OBM framework](https://www.wa.gov.au/system/files/2023-03/outcome-based-management-guidelines.pdf) is available on the government website, or from your Treasury Analyst.

|  |
| --- |
| **Agency Level Desired Outcome(s)** |
| *List the affected Agency Level Desired Outcome(s)* |
| **Key Effectiveness Indicator(s) (KEI)** |
| *List which KEI(s) will be affected* |
| **[Budget Year] Budget Target** | **[Budget Year] Forecast Estimated Actual (not supported)** | **[Budget Year] Forecast Estimated Actual (supported)** |
| *KEI published as part of the [Budget Year] Budget* | *KEI estimated for [Budget Year] if the submission* ***is not*** *approved by ERC* | *KEI estimated for [Budget Year] if the submission* ***is*** *approved by ERC* |
| *Discuss the above impact on KEIs arising from this submission.* |
|  |
| **Service(s)** |
| *List the affected Service(s)* |
| **[Budget Year] Budget Target** | **[Budget Year] Forecast Estimated Actual (not supported)** | **[Budget Year] Forecast Estimated Actual (supported)** |
| *Cost of Service published as part of the [Budget Year] Budget* | *Cost of Service estimated for [Budget Year] if the submission* ***is not*** *approved by ERC* | *Cost of Service estimated for [Budget Year] if the submission* ***is*** *approved by ERC* |
| **Key Efficiency Indicator(s) (EI)** |
| *List which EI(s) will be affected* |
| **[Budget Year]: Budget Target** | **[Budget Year] Forecast: Estimated Actual (not supported)** | **[Budget Year] Forecast: Estimated Actual (supported)** |
| *EI estimated as part of the [Budget Year] Budget* | *EI estimated for [Budget Year] if the submission* ***is not*** *approved by ERC* | *EI estimated for [Budget Year] if the submission* ***is*** *approved by ERC* |
| *Discuss the above impact on EIs arising from this submission.* |

If the impact of the proposed increase to the agency’s Total Cost of Services cannot be quantified through the agency’s current Services, KEI and EI, consideration should be given to how the structure can be improved such that the impact can be measured.

**Aboriginal Expenditure**

Aboriginal expenditure is now reported annually in the WA Aboriginal Expenditure Review with further information available on the [Western Australian Aboriginal Expenditure Review webpage](https://www.wa.gov.au/government/publications/western-australian-aboriginal-expenditure-review-2022-23) on the government website.

**Type of Aboriginal Expenditure**

Please identify the type of Aboriginal Expenditure your submission relates to:

|  |  |
| --- | --- |
| [ ]  **Aboriginal-specific expenditure (direct expenditure)** – spending on services and programs, which has a direct benefit to improve social and economic outcomes for Aboriginal people and communities; | [ ]  **Aboriginal-predominant expenditure (direct expenditure)** – spending on services and programs that are not explicitly targeted to Aboriginal people, but where a large proportion (e.g. > 50%) of service users are, or are expected to be, Aboriginal; |
| [ ]  **General or citizen‑centric expenditure** – spending on programs that are delivered to all Western Australian citizens. |  |

**Closing the Gap (CTG) National Agreement**

Please indicate which [**CTG Priority Reforms**](https://www.closingthegap.gov.au/national-agreement/priority-reforms)your submission links to:

|  |  |  |
| --- | --- | --- |
| [ ]  **Priority Reform 1:** Formal Partnerships and Shared Decision-Making | [ ]  **Priority Reform 2:** Building the Community Controlled Sector | [ ]  **None** |
| [ ]  **Priority Reform 3:** Transforming Government Organisations | [ ]  **Priority Reform 4:** Shared Access to Data and Information Sharing at a Regional Level |  |

Please indicate which [**CTG Outcomes and Target Area(s)**](https://www.closingthegap.gov.au/national-agreement/targets) your submission links to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  **Outcome 1:** Aboriginal people enjoy long and healthy lives | [ ]  **Outcome 5:** Aboriginal students achieve their full learning potential | [ ]  **Outcome 9:** Aboriginal people secure appropriate, affordable housing that is aligned with their priorities and need  | [ ]  **Outcome 13:** Aboriginal families and households are safe | [ ]  **Outcome 17:** Aboriginal people have access to information and services enabling participation in informed decision making regarding their own lives |
| [ ]  **Outcome 2:** Aboriginal children are both healthy and strong | [ ]  **Outcome 6:** Aboriginal students reach their full potential through further education pathways | [ ]  **Outcome 10:** Aboriginal people are not overrepresented in the criminal justice system | [ ]  **Outcome 14:** Aboriginal people enjoy high levels of social and emotional wellbeing |
| [ ]  **Outcome 3:** Aboriginal children are engaged in high quality and culturally appropriate early childhood education in their early years | [ ]  **Outcome 7:** Aboriginal youth are engaged in education or employment | [ ]  **Outcome 11:** Aboriginal young people are not overrepresented in the criminal justice system | [ ]  **Outcome 15:** Aboriginal people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters | [ ]  **None** |
| [ ]  **Outcome 4:** Aboriginal children thrive in their early years | [ ]  **Outcome 8:** Strong economic participation and development of Aboriginal people and communities | [ ]  **Outcome 12:** Aboriginal children are not overrepresented in the child protection system | [ ]  **Outcome 16:** Aboriginal cultures and languages are strong, supported and flourishing |  |

# ERC COVERSHEET TEMPLATE

EXPENDITURE REVIEW COMMITTEE REFERRAL COVERSHEET

# S U B M I S S I O N O V E R V I E W

|  |
| --- |
| TITLE OF ERC SUBMISSION |
| SUBMITTING MINISTER(S) |
| IMPLEMENTING AGENCY |
| SHORT SUMMARY OF ISSUE |
| WAS THE DEPARTMENT OF TREASURY CONSULTED ON THIS SUBMISSION? YES NO |
| IF NO, WHY NOT? |

F O R M O F E R C C O N S I D E R A T I O N

|  |
| --- |
| REFER THIS SUBMISSION TO: |
| Full ERC Meeting TDA |
| IF FULL ERC, SEE TIMING SECTION BELOW |

# T I M I N G O F E R C C O N S I D E R A T I O N

|  |  |  |
| --- | --- | --- |
| FOR CONSIDERATION AT: |  |  |
| Budget (Feb-Apr) | ERC (Jun-Oct) | Mid-year Review (Nov) |
| REASON FOR URGENCY |
| PROPOSED ERC MEETING DATE (IF OUTSIDE BUDGET OR MID-YEAR REVIEW) |
| DATE OF SUBMISSION |
| IS THE DATE OF SUBMISSION WITHIN 15 WORKING DAYS OF THE PROPOSED MEETING DATE?YES NOIF YES, HAS A SIGNED WAIVER LETTER BEEN PROVIDED? YES |

# COMMONWEALTH FUNDING AGREEMENT ASSESSMENT TEMPLATE

|  |
| --- |
| Part A: Lead Agency to Complete |
| Title of Agreement |
| TYPE OF FUNDING AGREEMENTIGA on Federal Financial Relations Other agreements* National Partnership ☐ Intergovernmental Agreement
* Implementation Plan ☐ COPE (delivered by Funding Deed or similar)
* Project Agreement

IS THIS CLASSIFICATION APPROPRIATE? ☐Yes ☐ No |
| CONSISTENCY WITH STATE POLICY & APPROACHES TO SERVICE DELIVERY |
| Is the agreement consistent with the State’s own priorities?Explain | * Yes ☐ No
 |
| Outline any risks that have been identified for: | * the State: Explain
* the Commonwealth: Explain
 |
| Does the agreement allow the State to unilaterally tailor service delivery to meet its specific needs? Explain | * Yes ☐ No
 |
| Does the initiative involve transferring responsibilities between levels of Government? Explain | * Yes ☐ No
 |
| Is the State already undertaking similar activities?Explain | * Yes ☐ No
 |
| Is existing/planned service provision affected?Explain | * Yes ☐ No
 |
| CONSISTENCY WITH THE INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCE RELATIONSTreasury Intergovernmental Relations can advise on completing this section. |
| Does the agreement focus on achieving clear and measurable outcomes? Explain | * Yes ☐ No
 |
| Does the initiative impose Commonwealth controls on State policy responsibilities? Explain | * Yes ☐ No
 |
| Are payments clearly linked to a limited number of measurable and achievable performance benchmarks? Explain | * Yes ☐ No
 |
| Is the cost, frequency and quantity of reporting commensurate with the level of risk and funding? Explain | * Yes ☐ No
 |
| IMPLICATIONS BEYOND THE TERM OF THE AGREEMENT |
| What are the implications for service delivery when the agreement expires? | Explain |
| What are the financial implications when the agreement expires? | Explain |
| Are there FTE implications when the agreement expires? | Explain |
| Does the agreement create ongoing community expectations? ☐Yes ☐ No | Explain |
| Signature |
| Executive Director*, Insert Agency* | ……………………………………………..*Insert Executive Director’s Name* | ……./……./…….. |
| Director General*, Insert Agency* | ……………………………………………..*Insert Director General’s Name* | ……./……./…….. |

|  |
| --- |
| Part B: Department of Treasury to Complete |
| CONSISTENCY WITH THE INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCIAL RELATIONS |
| Is the proposed form of agreement appropriate? Explain | * Yes ☐ No
 |
| Does the agreement follow the nationally agreed templates? ([www.federalfinancerelations.gov.au](http://www.federalfinancerelations.gov.au/)) | * Yes ☐ No
 |
| Is the funding likely to have an impact under the Commonwealth Grants Commission’s assessments in the GST sharing arrangement? If so, what is the anticipated effect?Explain | * Yes ☐ No
 |
| Have other jurisdictions’ Treasuries been consulted?If yes, have they raised any significant issues/indicated they may not sign?Explain | * Yes ☐ No
* Yes ☐ No
 |
| Any other comments on the agreement?Explain |
| *Signature* |
| Director*Treasury Intergovernmental Relations* | ………………………………………*Insert Director’s Name* | ……./……./…….. |

|  |
| --- |
| Part C: Department of the Premier and Cabinet to complete |
| Have other jurisdictions’ Departments of the Premier and Cabinet been consulted? If yes, have they raised any significant issues/indicated they may not sign?Explain | * Yes ☐ No
* Yes ☐ No
 |
| Is the proposed agreement consistent with State Policy and approaches to Service Delivery? | * Yes ☐ No
 |
| Is signing this agreement consistent with whole of government priorities?Explain | * Yes ☐ No
 |
| Does DPC believe that this agreement is ready for ERC consideration?Explain | * Yes ☐ No
 |
| *Signature* |
| Director*, DPC* | ………………………………………*Insert Director’s Name* | ……./……./…….. |

# EXEMPT AGREEMENTS REPORT TEMPLATE

|  |  |
| --- | --- |
| EXEMPT AGREEMENTS REPORT | 20xx-yy |
| WA Agency:Department of XYZ | Contact:John Citizen, 6551 1\*\*\*, john.citizen@government.wa.gov.au | Date Submitted:dd-mm-20zz |
| Agreement Name | Date Signed | Purpose | Term | Parties and Funding Commitment | Relevant Exemption Criteria |
| Funding Deed on XYZ[*amend or delete this example, where required*] | dd-mm-20zz | To advance … | July 20zz toJune 20zz | C’wlth Dept of A - $xx.x million State Office of B - $yy.y million over the term of the agreement | Involves only minor variations to the existing agreement without any foreseeable material consequences |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note: All new or revised agreements with the Commonwealth should either be approved by Cabinet (including pre-approvals) or the Treasurer under TDA, or else be listed in this table.

# PRE-APPROVED AGREEMENTS REPORT TEMPLATE

|  |  |
| --- | --- |
| PRE-APPROVED AGREEMENTS REPORT | 20xx-yy |
| WA Agency:Department of XYZ | Contact:John Citizen, 6551 1\*\*\*, john.citizen@government.wa.gov.au | Date Submitted:dd-mm-20zz |
| PRE-APPROVAL DETAILS |
| Program | Date Approved by ERC | Number Expected | Parties and Total Estimated Value |
| Exploratory programs to …[*amend or delete this example, where required*] | dd-mm-20zz | YY | C’wlth Dept of A - $xx.x million State Office of B - $yy.y million over the term of the agreements |
| RESULTANT AGREEMENTS |
| Agreement Name | Date Signed | Purpose | Term | Parties and Funding Commitment |
| 1. Funding Deed on XYZ[*amend or delete this example, where required*] | dd-mm-20zz | To advance … | July 20zz to June 20zz | C’wlth Dept of A - $xx.x million State Office of B - $yy.y million over the term of the agreement |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Note: Agencies that seek pre-approval for a cluster of agreements with the Commonwealth should enter details of the resultant agreements in this table, once signed.

1. Copy and complete this section for all program outcomes and outputs (e.g. description, baseline, target and data sources). [↑](#footnote-ref-1)
2. Amend dates as required (e.g. include 2024-25, 2025-26, etc.) [↑](#footnote-ref-2)