

## Related Party Transaction Application

Standard Funding Agreement Terms and Conditions Clause 9.5.3

<b>PHN Name:</b> Gold Coast	
<b>Location:</b> Level 1, 14 Edgewater Court, Robina, QLD 4225	
<b>Contact Details:</b> (07) 5635 2455	
<b>Details of Related Party</b>	
<b>Name:</b>	
<b>ABN (if applicable):</b>	
<b>Address:</b>	
<b>Related Party Relationship Type</b>	
	Mark as applicable
9.5.1.a	An entity that controls or has significant influence over the PHN <input type="checkbox"/>
9.5.1.b	An entity that the PHN controls or has significant influence over at any time, including the PHN's subsidiary <input type="checkbox"/>
9.5.1.c	A person who is a member of the PHN's Board or governing body <input type="checkbox"/>
9.5.1.d	A person who is a member of the Board of an entity referred to in clause 9.5.1.a or 9.5.1.b <input type="checkbox"/>
9.5.1.e	A member of the PHN's Personnel, other than in their capacity as a PHN employee <input type="checkbox"/>
9.5.1.f	A spouse or immediate family member of: (i) the PHN's Personnel; or (ii) a person specified in 9.5.1.c or 9.5.1.d, who is not themselves a PHN employee. <input type="checkbox"/>
<b>PHN to complete</b> <i>Please attach supporting documents, if required</i>	
<b>Related Party Description</b>	
Description of Related Party relationship:	
Description of steps taken to resolve or manage conflict:	
The relevant Activity: <i>(include Schedule and Activity Work Plan reference)</i>	
The proposed amount of Grant funds to be transferred to the Related Party and how the amount was determined (or the Asset proposed to be transferred):	
A complete description of the part of the Activity that Your Organisation expects the Related Party to perform:	
The reason(s) why it is necessary to pay the Grant funds (or transfer the Asset) to the Related Party:	
Dates relevant to the Related Party Transaction:	
<b>Signature:</b>	
<b>PHN Personnel Name:</b>	
<b>Position:</b>	
<b>Date:</b>	