| **GOLD COAST PHN - Related Party Transaction Application** Standard Funding Agreement Terms and Conditions Clause 9.5.3 |
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| **PHN Name: Gold Coast** |
| **Location: 14 EDGEWATER COURT, ROBINA QLD** |
| **Contact Details: (07) 5635 2455** |
| **Details of Related Party** |
| **Name:**  |
| **ABN (if applicable):**  |
| **Address:**  |
| **Related Party Relationship Type** | Mark as applicable |
| 9.5.1.a | An entity that controls or has significant influence over the PHN  |[ ]
| 9.5.1.b  | An entity that the PHN controls or has significant influence over at any time, including the PHN’s subsidiary |[ ]
| 9.5.1.c  | A person who is a member of the PHN’s Board or governing body |[ ]
| 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 |[ ]
| 9.5.1.e  | A member of the PHN’s Personnel, other than in their capacity as a PHN employee |[ ]
| 9.5.1.f  | A spouse or immediate family member of:1. the PHN’s Personnel; or
2. a person specified in 9.5.1.c or 9.5.1.d, who is not themselves a PHN employee.
 |[ ]
| **Related Party Description** | **PHN to complete***Please attach supporting documents, if required* |
| Description of Related Party relationship: |  |
| Description of steps taken to resolve or manage conflict: |  |
| The relevant Activity:*(include Schedule and Activity Work Plan reference)* |  |
| 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: |  |
| **Signature:**  |
| **PHN Personnel Name:**  |
| **Position:**  |
| **Date:**  |