| **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:** | | | |