This is an agreement between the Principal and Hunter New England Local Health District as identified below.

|  |
| --- |
| **DETAILS**  |
| **Agreement Reference.***{Include specific organisational references if applicable.}* | **Name:****Number:**  |
| **Recipient of funds.**Hunter New England Local Health District.ABN: 63 598 010 203 | **Name**: Hunter New England Local Health District**ABN**:63 598 010**Contact Person**: **Address**: **Tel:** +61 2**Mobile:** **Email:**  |
| **Principal:***{University of Newcastle**ABN: 15 736 576 735 or**Hunter Medical Research Institute ABN: 27 081 436 919 only}* | **ABN:****Name:** University of Newcastle**Unit:** **Contact Person**: **Tel:** **Mobile:****Email:**  |
| **TERMS** |
| **Agreed Payment Amount.** *(excl GST). {identify frequency and amounts}* | $ (excl. GST) payable as follows;*$ (excl. GST) anticipated commitment for the duration of services requested.*  |
| **Commencement Date.** *{Date when agreement starts {Enter}* | 1st January 20XX.  |
| **Term of this Agreement.**  | The term of this Agreement is set out below: Funded from: Funded to: Renewal terms (optional): X years via separate annual agreements |
| **Cessation/Termination.** *{What happens to surplus funds etc. when completed}* | In the event of termination of research surplus funds are to be returned to UON.  |
| **Purpose of this funding.** *{Describe services here and/or reference document/s that expand that description, as appropriate. Include any required deliverables.}* | Provision of  The agreed amount is for payment of (but not limited to)…. See Attachment B. |
| **Supporting Documents forming part of this agreement.***(A copy of all documents must be attached)**{List any other documents forming part of the agreement}* | **Attachment ??**Clinical support guidelinesLetter of contributionFunding scheduleAny other key documents  |
| **Special Conditions.***{List any special conditions for this agreement}* |  |
| **Conflict.** | In the event on any inconsistency between this Agreement and the Supporting Documents, this Agreement prevails. |
| **SIGNING (executed as an agreement)** |
| Signed for and on behalf of the Principal by:………………………………………………………….…..Signatory……………………………………………………………...Print name and position of signatory…………………………………………………….Date | Signed for and on behalf of the Hunter New England Local Health District by:…………………………………………………………………...Signatory…………………………………………………………………….Print name and position of signatory…………………………………………………….Date |

**Attachment A: Additional terms and conditions**

# Defined terms

## Capitalised terms have the meanings set out in the Details.

# Both Parties agree to:

### Act in accordance with any agreed Timetable and in any event by the End Date;

### Act in accordance with the requirements outlined in the Supporting Documents and Special Conditions;

### Comply with applicable laws and any NSW government policies that we notify to you;

### Keep secure any material to which we give you access;

### Comply with all applicable privacy legislation and any other measures that we may reasonably require to maintain privacy;

### Keep personal information safe and secure, only using it for the purpose of this agreement (or as legally authorised or required) and only disclosing it to 3rd parties with Our prior consent (or as legally authorised or required); and

### Not subcontract any part of this agreement without our prior consent.

### Comply with NSW Health Tax Invoice Standard Terms and Conditions.

# Taxes and charges

## (**GST**) On receipt of a valid purchase order, a Tax Invoice will be issued, stating applicable GST.

# Disputes

## We will both seek to resolve any dispute arising between us by negotiations in good faith for a period of ten (10) business days before resorting to any court proceedings.

**Attachment B: Schedule of Research Projects and Services Provided.**

**Projects included in this Funding;**

**Salaries supported;**

**Estimated support;**