

BFHI Financial Agreement – COMMUNITY FACILITY ASSESSMENT

SCHEDULE OF FEES FY 17-18

Fee Band	Number of Staff in Group 1	Assessors	Days Required	Fee (inc GST)
Band 1	< 20	2	2	\$5,010
Band 2	20 – 50	2	2	\$6,880
Band 3	50 – 100	3	2	\$9,380
Band 4	100 – 300	3	3	\$12,590
Band 5	> 300	3	4	\$14,430

FEES ARE DUE IN ADVANCE OF ASSESSMENT

IF ADDITIONAL DAYS REQUIRED: Each additional day will be charged at \$1000 per day, inclusive of GST.

AGREEMENT

I, _____ (name) _____ (position);

on behalf of _____

_____ (facility name & address),

agree to pay a total of \$ _____ (cost of entire assessment) prior to the assessment date.

- I understand that should we cancel or postpone the assessment after the dates have been confirmed by the Australian College of Midwives, an administrative fee of \$1000 may apply.
- I understand that if we are unable to meet the *7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services* during the assessment, a face-to-face partial re-assessment may be required, and we will incur an additional cost. Face-to-face partial re-assessments are invoiced at 40% of the original assessment price.

SIGNED: _____ **DATE:** ____ / ____ / ____