Australian Government
Department of Finance

Application for an Act of Grace Payment

What is an act of grace payment?

Act of grace payments may be made when the Finance Minister or delegate considers it is appropriate to do so because of special circumstances (section 65 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act)).

Act of grace payments are discretionary. There is no guarantee of an outcome in favour of the applicant.

What are special circumstances?

Special circumstances are not defined but may apply where a decision maker is satisfied that:

- an act of a non-corporate Commonwealth entity (NCE) has caused an unintended and inequitable result to the individual or organisation seeking the payment;
- Commonwealth legislation or policy has had an unintended, anomalous, inequitable or otherwise unacceptable impact on the claimant's circumstances; or
- the matter is not covered by legislation or specific policy, but the Commonwealth Government intends to introduce such legislation or policy.

Who can apply?

Any individual, company or other organisation can apply for an act of grace payment, either for themselves or for a third party if authorised. If a company applies for an act of grace payment, this form must be completed by an individual who is authorised to make this claim on behalf of the company (eg. director).

Claims are made in writing. Face-to-face meetings are generally not conducted.

The act of grace power is available to provide a remedy for the actions of NCEs. A list of NCEs is available on the Finance website.

If your claim relates to an entity other than a NCE, Finance may be limited to considering issues arising from the application of legislation or broader policy issues. If your claim does not relate to the Commonwealth Government, Finance will be unlikely to be able to assist.

What happens after you apply

The investigation of an application will be a lengthy process. If you want to find out about the progress of your application, you can contact the Discretionary Payments Section.

Generally, Finance will seek information about your application from relevant NCEs.

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A copy of any information provided by another NCE will ordinarily be provided to you for an opportunity to comment, prior to a decision being made.

Once all relevant information is available, the request will be submitted for a decision as soon as practicable. You will be notified of the decision in writing.

Privacy notice

In accordance with the *Privacy Act 1988* and the Australian Privacy Principles, the information, including personal information, provided in relation to this application will be used to assess your claim for an act of grace payment and to notify you of the outcome of your claim. In order to assess your claim Finance will only share relevant information about your application with relevant Australian Government departments or agencies unless you have otherwise agreed or it is required or authorised by law. If you do not provide your personal information, Finance may be unable to process your application.

Please identify any information you consider should not be disclosed outside of Finance. Finance will consider your request and will determine if this request can be accommodated in the circumstances.

Further information on how your personal information will be handled, including how to make a complaint about the handling of your personal information, is contained in Finance's Privacy Policy.

Our Privacy Policy is available at: https://www.finance.gov.au/publications/policy/department-finance-privacy-policy. You can also contact Finance to obtain a copy.

For more information

Website: http://www.finance.gov.au/resource-management/discretionary-financial-assistance/

Email: sfc@finance.gov.au

Freecall (except from mobiles): 1800 227 572

Where do I send this form?

Send the completed form to: **sfc@finance.gov.au**

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Part 1 (a): Personal details

Title	
Surname (Family name)	
Given name(s)	
Date of birth	

Part 1 (b): Company details

Company name	
Authorised officer & position	

If you have completed Part 1(b) you must also complete the declaration at Part 5.

Part 2: Contact details

Postal address	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	
Email address	

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Part 3: Application details

Which NCE (Commonwealth department or agency) does your claim relate to?

Have you sought review from the NCE in this matter or from another body e.g. the Ombudsman, a tribunal or a court?

(Please tick) Yes ☐ No ☐

If you have answered no, there may be other avenues of redress available to you. You should contact the relevant entity to try to resolve the matter.

If yes, who reviewed the matter and what was the outcome?

Please attach copies of review decisions

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Please state why you consider your circumstances are special and why you consider a payment would be appropriate.

Please attach relevant supporting documentation.

Please note that a decision may be made on this application on the information you have provided and any other supporting documents. You may not have a further opportunity to provide documents or evidence.

What is the value of the act of grace payment you are seeking?

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Part 4: Declaration for applicant

I declare that the information provided in this application, including in any attachments to this form, is true, correct and complete to the best of my knowledge. Should I become aware of any inaccuracies in the information provided I will inform the Discretionary Payments Section (sfc@finance.gov.au or 1800 227 572) as soon as practicable.

I understand that giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.

Signature

Date

Part 5: Declaration for applicants on behalf of companies [complete if applicable]

I declare that I have the authority to make this application on behalf of:

Company name

Signature

Position

Date

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Part 6: Authority for Representative

Complete the following details if you would like another person or organisation to act on your behalf when dealing with Finance. The person you nominate can be anyone above the age of 18 years.

Representative's name	
Their relationship to you (e.g. father, sister, guardian, accountant, lawyer)	
Representative's organisation	
Postal address	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	
Email address	

Representative's Acceptance

I declare and accept that any personal information I am given access to under this arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.

Signature of person authorising the representative	**Signature of Representative**
Date	**Date**