

Performance Improvement Plan

Housing support provider details

Housing support provider name	
Issue date of this plan	
Contact name	
Contact position	
Contact email	
Contact phone	

Applicable contract

Program	
Service	
Commencement date	
Expiry date	
HT Ref	

Note: The above information can be found on the cover page of the Grant Deed.

Plan details

This plan specifies the actions required by Homes Tasmania and <Organisation's name> to resolve the issues identified. This document contains confidential information and must only be distributed on approved persons

Plan level <i>Choose one</i>	<input type="checkbox"/> Corporate <input type="checkbox"/> Contract
Implementation period	
Co-ordinated by	<p>The housing support provider's representative responsible for ensuring implementation is:</p> <p>Name:</p> <p>Position:</p>
Agreed follow up until plan is fully implemented	<p>The contract manager and housing support provider's representative have agreed to the following method and frequency of follow up by the contract manager.</p> <p>Face-to-face meeting</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p> <p>Site visits</p> <p><input type="checkbox"/> As required <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p> <p>Email and telephone contact</p> <p><input type="checkbox"/> As required <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly</p>

Escalation

The contract manager and housing support provider's representative have agreed to the following escalation if actions are not implemented in line with the target completion dates, or there has been insufficient progress towards implementation:

<State who to escalate to (name and/or position title) within the housing support provider's organisation.>

<Consider stating the implications of not meeting target dates. For example, potential default event or termination of contract if actions marked 'CI' are not met; reduction or withholding of payments.>

The contract manager and housing support provider's representative have agreed to the following escalation if the housing support provider believes Homes Tasmania is not meeting its responsibilities in relation to this plan:

<State who to escalate to (name and/or position title) within Homes Tasmania.>

Action Plan

Note: Issues with contractual implications will have 'CI' marked against the action. These actions must be completed by the target date to avoid a default event or Homes Tasmania terminating the contract. The target date for actions marked 'CI' cannot be extended.

Issue	Expected outcome	Agreed actions	Responsibility	Target date	Status

Housing support provider declaration

As an authorised representative of <Organisation's name>, I confirm that this **Performance Improvement Plan** has been agreed to, and endorsed by the executive of the organisation. The governing body will ensure the organisation takes all actions agreed in this plan to resolve the issues identified. The governing body understands that all actions marked 'CI' in the action plan have contractual implications, and those actions must be completed by the target date to avoid a default event or Homes Tasmania terminating the contract.

Authorised <Organisation's name> representative

Authorised Homes Tasmania representatives

Name of representative

Name of contract manager

Position in organisation

Signature

Signature

Date

Date

Name of manager

Signature

Date