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.

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 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. 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

The information you provide will be protected in accordance with the Privacy Act 1988.

FOR MORE INFORMATION

Website


Email

sfc@finance.gov.au

Freecall (except from mobiles)

1800 227 572

WHERE DO I SEND THIS FORM?

Send the completed form to:

Discretionary Payments Section
Risk, Insurance and Special Claims Branch
Department of Finance
John Gorton Building
King Edward Terrace
PARKES  ACT  2600

or

Email: sfc@finance.gov.au
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

Part 2: Contact details
Postal address
State and Postcode
Contact details
Home Phone Number
( )
Work Phone Number
( )
Mobile Phone Number
Email address

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.
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?

$ [Blank]

**Part 4: Consent**

I understand that in investigating my application, Finance may make relevant enquiries and share information with other NCEs and those NCEs may provide information to Finance.

Signature  

[Blank]

Date  

[Blank]
Part 5: 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

What is their relationship to you (e.g. father, sister, guardian, accountant, lawyer)?

Representative’s organisation

Postal address

State and Postcode

Contact details

Home Phone Number
( )

Work Phone Number
( )

Mobile Phone Number

Email address

Signature of person authorising the representative

Date

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 Representative

Date