Table B1: Estimated Specific Purpose Payments to the States, repayments of advances, advances and interest payments, 2000-01 to 2004-05 ($'000) (continued)

* Items so marked are classified as payments 'through' the States.

(a) The 1998-2003 Australian Health Care Agreements expire on 30 June 2003. The estimates for 2003-04 and 2004-05 are indicative only.

(b) Distributions are dependent upon the agreement of National Health Development Fund (NHDF) strategic plans under the Australian Health Care Agreements. Under these arrangements: (i) New South Wales, Queensland and the Northern Territory have agreed NHDF strategic plans; (ii) As Victoria has proposed amendments to its NHDF strategic plan and Tasmania has still to submit a plan for the balance of its allocation, the allocations for 2001-02 and beyond for these States are indicative only and do not represent a commitment on the part of the Commonwealth; and (iii) NHDF allocations for Western Australia, South Australia and the Australian Capital Territory are indicative only and do not represent a commitment on the part of the Commonwealth. The final distributions to these jurisdictions are dependent upon the agreement of NHDF strategic plans.

(c) Natural Heritage Trust: There are no estimates available at this time as funding is determined on a merit selection basis.

(d) The split between the current and capital component has not yet been determined.

(e) The funds allocated to the States and Territories as per the Authority's Directions and Resource Allocations, which is agreed by the ANTA Ministerial Council. These funds include supplementation for the 1998 and 1999 calendar years but not the outyears. The amount of supplementation is determined and approved each year by Parliament as an amendment to the Vocational Education and Training Funding Act.

(f) The FBT cap to apply to public and not-for-profit hospitals will be $17,000 of grossed up taxable value per employee. To assist with the transition to this cap grants are to be provided to public and not-for-profit hospitals from 2000-01 to 2002-03, reducing to zero in 2003-04. (An indicative estimate of the SPP 'to' the States is shown here).