

# Schedule 6 - Appendix 1

## Invitation Response Form

**Invitation Name:** 21 Kirchner Avenue - Community Facilities Management Agreement  
**Invitation Number:** IFT010

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## Part 1 Respondent's Details

The Respondent must complete this Invitation Response Form in its entirety, including every Part, to ensure the Response is a Conforming Application. Failure to provide the information may make the Application a Non-Conforming Response.

If the Respondent wishes to include further information than that requested in the Invitation Response Form, they must complete the acknowledgement and table at the end of the relevant Part, before attaching the extra information.

The Respondent submits this Application as a:
<input type="checkbox"/> Conforming Response

Date of submission:

Information Required	Details
LEGAL ENTITY NAME of Respondent (Community Organisation)	
Respondent's Australian Business Number (ABN)	
Is the Respondent registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address for the service of notices	Postal Address: Email Address:
Street address (registered office address of the Respondent, only if different from Postal Address)	
Contact name	
Contact email	
Contact telephone	

## Part 2 Evaluation Criteria

RESPONDENT'S NAME:

### 2.1 Proposed Community Use

Respondents are to detail:

- a) Current or proposed activities/services provided by the organisation.
- b) The motive for leasing this facility.
- c) The proposed occupancy times (hours, days and times of the year required).

### 2.2 Organisational Capacity

Respondents are to provide evidence of:

- a) The organisation's membership numbers.
- b) Demonstrated demand and/or need for the facility (e.g. how many current members and anticipated membership growth, membership trends over the last three years.)
- c) How the use of the facility by the organisation will provide benefits and opportunities to the local community.
- d) Detail the longer term strategic direction of the organisation (5-year plan).
- e) Financial capacity to manage facility (i.e. available funds and proposed fundraising initiatives).

## 2.3 Facilities Management

Respondents are to demonstrate:

- a) The ability to maintain the lease area and facility and meet all requirements, as stipulated in the standard licence terms including the funding of general maintenance and repairs as well as any future capital works.
- b) The ability to provide estimated annual operational costs (including maintenance) for the licenced area and facility.
- c) Provide details of any prior facilities leased, managed, operated or regularly hired by the organisation.

## 2.4 Shared Occupation

Respondents are to detail their proposal for shared used arrangements (if applicable), including but not limited to:

- a) Management, promotion and administration of other user groups sharing/hiring the facility (e.g. booking system, key handover, security, fee structure).
- b) How the organisation will be inclusive and encourage different sectors of the community to use this facility.
- c) Relationship management with key user groups including conflict resolution (e.g. communication, complaint handling).

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### Additional Information

List all attached documents in the table below and describe their relevance to this Part. Any attachments not referenced to the relevant Part will not be considered.

Attachment No.	Attachment Description

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### Part 3 Respondent Compliance

RESPONDENT'S NAME:

#### Insurance

All Insurance Certificates of Currency must be in the Respondent's correct legal entity name.

Note: Council does *not* accept insurance policies with aggregated total limits.

Copies of the following relevant Insurance Certificates of Currency must be attached:

Insurance Type	Copy of insurance attached.
Public Liability (Minimum required \$20 Million/occurrence)	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Financial

The Respondent must have no outstanding financial accountability, service delivery or performance issues for funding previously provided by Gympie Regional Council or other providers.

Audited Financial Statements	Copy of financials attached.
Most recent audited financial statements including profit and loss statement (compulsory)	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Other documents required

Please attach copies of the following documents:

Miscellaneous documents	Copy attached.
Certified copy of Certificate of Incorporation	Yes <input type="checkbox"/>
Constitution	Yes <input type="checkbox"/>
Business/Strategic Plan (if available)	Yes <input type="checkbox"/>

#### Miscellaneous

Please confirm you acknowledge and agree with the following conditions:

Condition:	Agree
I/We confirm that our organisation has attended a briefing/site inspection of the property and accept that the Tenure over the property is offered on an as is/where is basis and that we are responsible for undertaking our own due diligence investigations/inquiries	Yes <input type="checkbox"/>
I/We accept that if our application is successful, our organisation is responsible for all legal, survey and any other costs associated with the execution of the Community Facilities Management Agreement	Yes <input type="checkbox"/>
I/We accept that if our application is successful, our organisation will be responsible for obtaining the necessary development approvals, including costs prior to occupying the property (if applicable)	Yes <input type="checkbox"/>

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RESPONDENT'S NAME:

### Invitation Terms and Conditions

Council will not agree to any Respondent proposed variations or departures to any of the clauses, conditions and requirements of the Invitation for Tenure of a Community Facility documents.

I/We have read, understood and accept all of the clauses, conditions and requirements of the Invitation for Tenure of a Community Facility documentation and make this Application accordingly.

The documentation referred to in this Part includes all Invitation for Tenure of a Community Facility documentation and any and all schedules and attachments.

### Notices to Respondents

If Council has provided Notices to Respondents prior to the Closing Date, please acknowledge.

The following Notices to Respondents have been received and are acknowledged by the Respondent:

Notice to Respondents No.	Date Issued

### Conflict of Interest

The following information is disclosed for the purposes of this Invitation. The Respondent must provide details of any actual, perceived or potential Conflicts of Interest that exist or may arise in connection with the making and/or formation of any Agreement.

If there is nothing to declare, the Respondent *must* insert "**None**" in the space below.

*In submitting an Application in response to this Invitation for Tenure for a Community Facility, the Respondent acknowledges and warrants that to the best of my/our knowledge and belief and subject to any disclosures detailed below:*

- (a) *no family, business or pecuniary relationships exist between the Parties to this Application;*
- (b) *neither the Respondent nor its officers, employees, contractors or family members have:*
  - (i) *engaged in any unethical behaviour or sought and/or obtained an unfair advantage; or*
  - (ii) *received or will receive any pecuniary or in-kind advantage from any other Respondent.*

*In relation to this Invitation Process;*

- (c) *no officer, employee, contractor or family member associated with the Respondent is or has been engaged by Council in a position or role that in any way relates to the Respondent's Application or this Invitation Response Form;*
- (d) *no officer, employee, contractor or family member associated with Council has been offered any benefit or inducement associated with this Application, including any offer relating to employment; and*
- (e) *other than specified below, neither the Respondent nor any of its officers, employees, contractors or family members have or are likely to have any Conflict of Interest.*

*The Respondent further undertakes to immediately notify the Contract Administrator for Council in writing if any warranty contained in this Invitation Response Form becomes, or may become incorrect.*

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### Respondent Declaration

RESPONDENT'S NAME:

*Respondents are to note that the Respondent Declaration Part of the Invitation Response Form must be signed and submitted with your Application. Respondents may print, sign and scan this Part of the Invitation Response Form as a separate attachment and attach it with their Application submission.*

Invitation Response Form Declaration	
<p>The Respondent offers to provide the relevant Goods and/or Service to the Council in accordance with the information, standards, warranties and representations in the Respondent's submission (including this Invitation Response Form) and the terms of the Agreement.</p>	
<p>The Respondent agrees that, by submitting this Invitation Response Form, it is bound by the terms and conditions of, and gives all representations, warranties and acknowledgements required by, the Invitation for Tenure of a Community Facility and attached documents.</p>	
<p>The Respondent agrees that its submission will remain open for acceptance by the Council and will be valid and irrevocable for the Validity Period.</p>	
<p>The Respondent acknowledges that unless otherwise expressly stated, all terms used in this Invitation Response Form have the meaning assigned to them in the Invitation Process Terms or associated documents.</p>	
<p>The signatories below represent and warrant that they are authorised to execute this Invitation Response Form for and on behalf of the Respondent.</p>	
<p>If this Invitation Response Form is executed under power of attorney for and on behalf of the Respondent, the attorney warrants that it is duly authorised to execute this Invitation Response Form for and on behalf of the Respondent and that the attorney's authority is derived under a deed.</p>	
<p>Executed as a deed poll in favour of Council.</p>	
Executed by	) ) )
.....	.....
[Insert full name of Respondent (Community Organisation)]	[Insert ABN of Respondent]
.....	
[Signature Authorised Representative]	
.....	
[Insert name of Authorised Representative]	
Date: ..... / ..... / .....	