## Schedule 6 - Appendix 1 Invitation Response Form

**Invitation Name:** Cooloola Coast Community Complex – Lease Area F – Vacant Land

Trustee Lease Agreement

**Invitation Number:** IFT014

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Invitation Name:	Cooloola Coast Community Complex -Lot 69 CP910971 Lease Area F - Vacant Land		
Invitation Number:	IFT014		

## 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:	
☐ 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?	☐ Yes ☐ No
	Postal Address:
Address for the service of notices	
	Email Address:
Street address	
(registered office address of the Respondent, only if different from Postal Address)	
Contact name	
Contact email	
Contact telephone	

2.1	Proposed Community Use
Respor a) b) c)	ndents are to detail:  Current or proposed activities/services provided by the organisation.  The motive for leasing this facility.  The proposed occupancy times (hours, days and times of the year required).
2.2	Organisational Capacity
	ndents are to provide evidence of:
a) b)	The organisation's membership numbers.  Demonstrated demand and/or need for the facility (e.g. how many current members and anticipated
c)	membership growth, membership trends over the last three years.)  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).

**Invitation Name:** 

Part 2

**Invitation Number:** 

RESPONDENT'S NAME:

IFT014

**Evaluation Criteria** 

2.3	Facilities Management
Respo	ndents 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
Daara	
a)	ndents are to detail their proposal for shared used arrangements (if applicable), including but not limited to:  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.

**Invitation Name:** 

**Invitation Number:** 

IFT014

Additional Info	rmation
	cuments in the table below and describe their relevance to this Part. Any attachments not referenced to II not be considered.
Attachment No.	Attachment Description

IFT014

Cooloola Coast Community Complex -Lot 69 CP910971 Lease Area F - Vacant Land

**Invitation Name:** 

**Invitation Number:** 

nvitation Name: Invitation Number:		Cooloola Coast Community Complex –Lot 69 CP910971 L IFT014	Lease Area F – Vacant Land
Part 3	Respond	ent Compliance	
RESPONDEN	NT'S NAME:		
Insurance			
		rency must be in the Respondent's correct legal entity name. surance policies with aggregated total limits.	
Copies of the	following relevant	Insurance Certificates of Currency must be attached:	
Insurance Ty	/pe		Copy of insurance attached.
Public Liabilit (Minimum red	ty quired \$20 Million/c	occurrence)	Yes □ No □
Financial			
		outstanding financial accountability, service delivery or performa Regional Council or other providers.	ance issues for funding
Audited Fina	ncial Statements		Copy of financials attached.
Most recent a	audited financial sta	atements including profit and loss statement (compulsory)	Yes No No
	ments required copies of the follow		
Miscellaneou	us documents		Copy attached.
Certified copy	y of Certificate of Ir	ncorporation	Yes 🗌
Constitution			Yes 🗌
Business/Stra	ategic Plan (if avail	lable)	Yes 🗌
Miscellaned		e and agree with the following conditions:	
Condition:			Agree
accept that th	he Tenure over the	on has attended a briefing/site inspection of the property and property is offered on an as is/where is basis and that we are own due diligence investigations/inquiries	Yes 🗌
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 🗌
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 [			Yes 🗌

Invitation	Number:	IFT014	
RESPONI	DENT'S NAME:		
Council wi	n Terms and Condition Ill not agree to any Respon nts of the Invitation for Ten	dent proposed variat	tions or departures to any of the clauses, conditions and Facility documents.
			e clauses, conditions and requirements of the Invitation for Tenure te this Application accordingly.
	mentation referred to in this nedules and attachments.	Part includes all Inv	itation for Tenure of a Community Facility documentation and any
Notices	to Respondents		
If Council	has provided Notices to Re	espondents prior to the	ne Closing Date, please acknowledge.
The follow	ring Notices to Respondent	s have been receive	d and are acknowledged by the Respondent:
Notice to	Respondents No.		Date Issued
Conflict	of Interest		
	erceived or potential Conflic		f this Invitation. The Respondent must provide details of any ist or may arise in connection with the making and/or formation
If there is	nothing to declare, the Re	spondent <i>must</i> inser	t " <b>None</b> " in the space below.
			for Tenure for a Community Facility, the Respondent nowledge and belief and subject to any disclosures detailed
(a) no fa	-		between the Parties to this Application;
1 ' '	•		contractors or family members have: and/or obtained an unfair advantage; or
, ,	• •	_	I advantage from any other Respondent.
In relation	n to this Invitation Process;		
	ncil in a position or role that		ssociated with the Respondent is or has been engaged by o the Respondent's Application or this Invitation Response
			ssociated with Council has been offered any benefit or ng any offer relating to employment; and
	r than specified below, neit or are likely to have any C		nor any of its officers, employees, contractors or family members
	oondent further undertakes I in this Invitation Respons		y the Contract Administrator for Council in writing if any warranty may become incorrect.

**Invitation Name:** 

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
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.
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.
The Respondent agrees that its submission will remain open for acceptance by the Council and will be valid and irrevocable for the Validity Period.
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.
The signatories below represent and warrant that they are authorised to execute this Invitation Response Form for and on behalf of the Respondent.
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.
Executed as a deed poll in favour of Council.
Executed by ) ) ) )
[Insert full name of Respondent (Community Organisation)] [Insert ABN of Respondent]
[Signature Authorised Representative]
[Insert name of Authorised Representative]
Date: /

**Invitation Name:** 

**Invitation Number:** 

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