**Nightcliff Community Centre Office Tenancy**

**Expression of Interest Form**



|  |
| --- |
| **Please complete the following information:** |

**SECTION 1 ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: |  | | |
| On behalf of (full name of organisation / individual): |  | | |
| Postal Address: |  | | |
| ABN, BN, ACN: |  | | |
| Contact Telephone: | B: | AH: | M: |
| Facsimile: |  | | |
| Email: |  | | |
| Business / Trading Name: |  | | |

**SECTION 2 ABOUT YOUR ORGANISATION**

|  |
| --- |
| 1. **Description of the organisation and the services delivered in the Darwin community (max 200 words).** |
|  |

|  |
| --- |
| 1. **Organisation’s current location and lease agreement (max 100 words).** |
|  |

|  |
| --- |
| 1. **Evidence of Not-for-Profit status (max 100 words).** |
|  |

|  |
| --- |
| 1. **Proposed use of the space (max 100 words).** |
|  |

|  |
| --- |
| 1. **Office space required (max 100 words).** |
|  |

|  |
| --- |
| 1. **Any proposed modifications to the office space? (max 100 words).** |
|  |

|  |
| --- |
| 1. **Business and strategic plans (max 100 words).** |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Copy of most recent annual report.** | | |
| **Attached** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| 1. **Certificate of Public Liability Insurance.** | | |
| **Attached** | **Yes** | **No** |

**SECTION 3 ASSESSMENT CRITERIA**

|  |
| --- |
| 1. **Location Rationale: Why does this particular location benefit your organisation and the community? (max 200 words).** |
|  |

|  |
| --- |
| 1. **Facility Use: The proposed use of and the activities that will be undertaken in the leased area? (max 200 words).** |
|  |

|  |
| --- |
| 1. **Community Benefits: The organisation can demonstrate experience in delivering services which address a local community need or build capacity of the Darwin community? (max 200 words).** |
|  |

|  |
| --- |
| 1. **The organisation has proven experience in community engagement? (max 200 words).** |
|  |

|  |
| --- |
| 1. **Demonstrated experience in developing partnerships with other community groups/stakeholders and willingness to work collaboratively with Council and other community groups (max 200 words).** |
|  |

|  |
| --- |
| 1. **Financial management of the organisation (max 200 words).** |
|  |

**SECTION 4 DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I have been authorised by | |  | (name of organisation) |
| to make this application. | | | |
| State Full Name: |  | | |
| Position in Organisation: |  | | |
| Signature: |  | | |
| Date: |  | | |

|  |
| --- |
| **COMPLETED APPLICATIONS MUST BE SUBMITTED BY EMAIL:** |
| Family and Children’s Services Coordinator  City of Darwin  [darwin@darwin.nt.gov.au](mailto:darwin@darwin.nt.gov.au) |