**Nightcliff Community Centre Office Tenancy**

**Expression of Interest Form**



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

**SECTION 1 ABOUT YOU**

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| 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**

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| 1. **Description of the organisation and the services delivered in the Darwin community (max 200 words).**
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| 1. **Organisation’s current location and lease agreement (max 100 words).**
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| 1. **Evidence of Not-for-Profit status (max 100 words).**
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| 1. **Proposed use of the space (max 100 words).**
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| 1. **Office space required (max 100 words).**
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| 1. **Any proposed modifications to the office space? (max 100 words).**
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| 1. **Business and strategic plans (max 100 words).**
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| 1. **Copy of most recent annual report.**
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| **Attached** | **Yes** [ ]  | **No** [ ]  |

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

**SECTION 3 ASSESSMENT CRITERIA**

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| 1. **Location Rationale: Why does this particular location benefit your organisation and the community? (max 200 words).**
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| 1. **Facility Use: The proposed use of and the activities that will be undertaken in the leased area? (max 200 words).**
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| 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).**
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| 1. **The organisation has proven experience in community engagement? (max 200 words).**
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| 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).**
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| 1. **Financial management of the organisation (max 200 words).**
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**SECTION 4 DECLARATION**

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

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| **COMPLETED APPLICATIONS MUST BE SUBMITTED BY EMAIL:** |
| Family and Children’s Services CoordinatorCity of Darwindarwin@darwin.nt.gov.au  |