# Expression of Interest to Lease Grosvenor Park

5-55 Berkley Drive, Browns Plains QLD 4118

Facility you are applying for:	Grosvenor Park	
Organisation Details		
Organisation Name:		
Organisation's Postal Address:		
Organisation's Postal Address.		
Organisation's Committee	Details	
Name	Contact number	Email
President		
Vice President		
Secretary		
Treasurer		
Nominated Contact within	your organisation for	this application
Position	Contact number	
Name	Email	
Does your organisation cu	urrently have	
Public Liability Insurance	No Yes	Attached to application
2. Business/Strategic Plan	No Yes	Attached to application
3. Audited Financial Details	No Yes	Attached to application



# **Proposed Program / Project Type** What is your organisation's primary purpose? **Mandatory Eligibility Criteria** To be eligible for consideration for this Expression of Interest, applicants must fit the following mandatory criteria: Incorporated The applicant must be incorporated pursuant to the Associations Incorporation Act 19841 (Qld) or similar legislation, or otherwise be incorporated for a non-profit purpose (or provide evidence supporting the current undertaking to obtain same). Full incorporated name ABN (if applicable) Incorporation number **Public Liability** The applicant must hold current Public Liability cover to the minimum value of \$20 million (or provide evidence supporting the current undertaking to obtain same). Expiry date: Certificate is attached to application: (please tick) **Financial** The applicant must have no outstanding financial accountability, service delivery or performance issues for funding previously provided by Logan City Council or other providers. The applicant must have no outstanding financial accountability, service delivery or performance issues for funding previously provided by Logan City Council or other providers. Does your organisation have any outstanding financial accountability with Logan City Council? (Please provide evidence to support no outstanding financial accountability)

Does your organisation have any outstanding financial accountability with anyone else?

(If yes, please provide details on the additional pages in this application)



## **Selection Criteria**

Selection Criteria 1 – Active Organisations: Facility Management Please refer to section 2.8 'Selection Criteria' for supportive evidence required)				



# Selection Criteria 2 – Active Organisations: Working Collaboratively (Please refer to section 2.8 'Selection Criteria' for supportive evidence required)



# Selection Criteria 3 – Active People: Supporting an Active Community (Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



# Selection Criteria 4 – Active Spaces: Appropriate Utilisation of the Facility (Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



This application should be signed by the officer for the Organisation accountable for accepting legal and financial responsibility for the Expression of Interest. In most cases this will be the president or chairperson. The application should be witnessed by another officer in the Organisation (for example the secretary or treasurer).

### I certify that:

- I have read and understood the Expression of Interest Guidelines and will ensure to the best of my ability that the organisation meets its obligations associated with this Expression of Interest.
- The information given in this application is true and correct and that all conditions attached to this
  Expression of Interest will be complied with should our organisation be successful in gaining tenure at
  the facility.
- I understand that the information the organisation has provided in this Expression of Interest may be made public.
- Claims made to Council by the organisation that information it has provided is Confidential
  Information has been labelled confidential and described as such in Annexure A attached to this
  Expression of Interest.
- This application is consistent with the aims and objectives of the organisation.

Name of Organisation:	
Certifier's full name:	
Position in Organisation	:
Please tick the box if you	agree to the above terms and conditions



## CONFLICT OF INTEREST DECLARATION

This declaration should be signed by the officer for the Organisation accountable for accepting legal and financial responsibility for the Expression of Interest. In most cases this will be the president or chairperson.

I / We hereby declare we have no known actual, perceived or potential conflicts of interest that may impact on our application.

Name of Organisation:	
Declarants full name:	
Position in Organisation	n:
Please provide details o	of any known actual, perceived or potential conflicts of interest:



Thank you for completing the Expression of Interest Application Form for a Council Facility.

## Please return your completed application form by either:

Email: council@logan.qld.gov.au

or

Mail: Attention: Leasing Coordinator Sport, Leisure and Facilities Branch Logan City Council

PO Box 3226, Logan City DC QLD 4114

If you require any further information regarding this application, please contact

Council's Sport, Leisure and Facilities, Leasing Team on (07) 3412 3412.

### Applications CLOSE 5pm on the nominated Closing Date\*

(Please refer to section 2.1.3 'Lodging your application' for the nominated closing day)

\*Late applications may be considered at the sole discretion of Council

### Note to applicants:

You may include additional information by way of annexures, diagrams, tables, charts, and graphs to illustrate any information provided.

However any additional text should be capable of being photocopied in black and white whilst still conveying all of the information. Provided that you have included all information sought by the Expression of Interest you may include any additional information that is relevant to your Expression of Interest application form.



Additional information				



Additional information				



	OI Conditions for		



To assist you in ensuring you have fully completed the Expression of Interest Application Form, please use the following EOI checklist.

EOI Ch	ecklist:
	Organisational Contact Details
	Nominated Contact
	Current Public Liability certificate attached
	Business/Strategic Plan attached
	Audited Financial details attached
	Primary purpose of organisation
	Incorporated Association details
	Selection Criteria 1
	Selection Criteria 2
	Selection Criteria 3
	Selection Criteria 4
	Additional Page 1
	Additional Page 2
	Confidential Information

