

[maribyrnong.vic.gov.au](http://maribyrnong.vic.gov.au)

### Introduction

Maribyrnong Community Centre is located at 9 Randall St, Maribyrnong. The Community Centre is a facility where individuals can participate in a range of programs and activities, access information regarding Council services and other support services; and has community spaces for hire. Community groups, organisations, local businesses and schools who are interested in regularly using a space at this facility (at least once a month) from 1 July 2019 to 30 June 2020 are invited to submit an EOI. This EOI only applies to regular users. Bookings for casual hire of the Community Centre will be available by completing the Casual Booking Application Form.

To assist Council's Community Centre team in determining the most suitable regular users of the Community Centre, allocations will be based on submissions addressing the selection criteria at question 7. The team will also take into consideration surrounding services and programs and groups that do not currently have access to a facility. Successful users are expected to meet all costs associated with their program and activities. No start-up funding will be provided by Council.

If you have any further questions regarding facilities at the Community Centre or require additional information including hire fees, please contact 03 9032 4305 or via email at [maricomm.maribyrnong.vic.gov.au](mailto:maricomm.maribyrnong.vic.gov.au)

### 1. Your details

Which category best describes your organisation or group? (Please choose one only)

Category	Description
<input type="checkbox"/> <b>Community based group/organisation</b>	<ul style="list-style-type: none"><li>Community groups, community service organisation, volunteer and member-based organisations, partnerships with Council and religious services providing community programs. Eg welfare agencies, sporting clubs, Rotary clubs, Neighbourhood Houses, Church groups providing community programs, Resident Associations and general interest groups.</li><li>Proof of community group registration required (e.g. certificate of incorporation; auspice under a parent group or other recognised authority; registered not for profit; Formal committee etc.) Council reserves the right to request further information as required.</li></ul>
<input type="checkbox"/> <b>Standard group/organisation</b>	<ul style="list-style-type: none"><li>An organisation conducting activities for the purpose of deriving a profit, including home businesses and private health care providers. Eg Registered Training Organisations, commercial business, private providers such as speech therapy, State and Federal Government agencies, small and home based business.</li></ul>

Application completed by:	new group <input type="checkbox"/>	existing group <input type="checkbox"/>	(please tick)
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## 2. Details of group / club / association / organisation

Organisation / group / program name			
	ABN / ACN		
Address			
	Postcode		
Contact person			
Contact position			
Contact phone	Work	Mobile	
Email			
Website			

## 3. EMERGENCY GROUP LEADER (for after-hours bookings only)

Name:			
After hours contact number:			
Date of induction completed:	___ / ___ / ___		
EGL Signature :	Community Centre officer signature:		

## 4. Insurance and incorporation : (if YES, please provide copy of relevant documentation)

Does your group have minimum \$20 million Public Liability insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your group incorporated?	<input type="checkbox"/> YES Certificate #	<input type="checkbox"/> NO
Is your group a registered training organisation?	<input type="checkbox"/> YES RTO #	<input type="checkbox"/> NO
Is your group a community service organisation / agency that receives funding to run programs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your group charge fees to members?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, how much and for what?		

## 5. Use of Community Centre

PLEASE NOTE – Your responses to the following questions will help keep us well informed about who is using our Centre, and assist in good policy planning and decision-making about the future use of Maribyrnong Community Centre.

### 5.1 Who will use the programs or activities provided by your organisation or group at the Community Centre?

<b>Targeted to specific participants</b>	<input type="checkbox"/> Go to question 5.2 and 5.3
<b>Open to all members of the general public</b>	<input type="checkbox"/> Go to question 5.4

### 5.2 What age range does your group/organisation cater for?

<input type="checkbox"/> Early Years	<input type="checkbox"/> Primary School	<input type="checkbox"/> Youth	<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> All ages
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### 5.3 Does your program / activity target or include groups who are:

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> People with a disability	<input type="checkbox"/> People from a non English speaking background?
<input type="checkbox"/> Female / Male only	<input type="checkbox"/> Culturally specific

5.4 Does your group / organisation have any special requirements? (i.e. accessibility, equipment)?

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5.5 Approximate number of your program participants who live in the City of Maribyrnong?

Number of participants		% of participants	
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5.6 Approximate number of our program participants per age group (please indicate below)

0 – 4 years (early years)		20 – 60 years (adults)	
5 – 12 years (primary)		60 years + (seniors)	
13 – 25 years (youth)			

5.7 What type of program or activities would you like to provide at the Community Centre? Please describe:


5.8 Outline your reason for seeking access to Maribyrnong Community Centre:


5.9 Noise level:

<input type="checkbox"/> Nil	<input type="checkbox"/> Low	<input type="checkbox"/> Mild	<input type="checkbox"/> High (Max 55DB)
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**Hirers must provide full details of proposed activities and are advised to discuss with the Community Centre Staff any issues regarding the type of noise, noise levels, style of entertainment, including singing, drumming, amplified speech, active group movement.**

5.10 Will you require storage for any equipment? (e.g. kitchen utensils, books, mats)

*Please note as storage is limited we may not be able to accommodate your request for storage*

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, what will be stored? :

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**Office use only**

Key number/s :

6. Which rooms would you like to use and when would you like to use them? Please allow for set up and pack up time in your booking.

Room	Max	Start Date	End Date	Days (Mon, Tues etc.)	Start Time	End Time
Community Hall	150					
Recreation Room	50					
Full Dining/Large Kitchen	48					
Half Dining/Large Kitchen	24					
Half Dining	24					
Training Room	20					
Training Room (computer use)	10					
Multi Purpose Room	15					

Please circle the dates required - School Holidays are shaded. Please note Public Holidays in **red** may not be available for hire.

JULY 2019						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST 2019						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER 2019						
M	T	W	T	F	S	S
30						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

OCTOBER 2019						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER 2019						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER 2019						
M	T	W	T	F	S	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JANUARY 2020						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY 2020						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

MARCH 2020						
M	T	W	T	F	S	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

APRIL 2020						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY 2020						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE 2020						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Selection Criteria	
7. Please tick all boxes that apply to your organisation or group's program or activity and provide details.	
<b>Inclusive</b> Does your program or activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Support our culturally diverse community</li> <li><input type="checkbox"/> Create pathways to employment</li> <li><input type="checkbox"/> Engage families, children and young people</li> <li><input type="checkbox"/> Reduce social isolation</li> <li><input type="checkbox"/> Promote positive aging</li> </ul>	How?
<b>Community Driven</b> Does your program or activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Involve the community in decision making processes that impact them</li> <li><input type="checkbox"/> Be flexible and responsive to current and emerging community needs</li> </ul>	How?
<b>Relationships and Partnerships</b> Does your program or activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Create opportunities for people to meet, connect and build relationships</li> <li><input type="checkbox"/> Build and strengthen partnerships that will benefit the community</li> <li><input type="checkbox"/> Offer opportunities for people from diverse cultural backgrounds to feel welcome</li> </ul>	How?
<b>Skill Development</b> Does your program or activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Support the local community to participate in formal and informal educational opportunities</li> <li><input type="checkbox"/> Encourage local tutors and education providers</li> <li><input type="checkbox"/> Offer volunteering opportunities</li> </ul>	How?
<b>Health and Wellbeing</b> Does your program or activity contribute to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Living an 'active' life</li> <li><input type="checkbox"/> A safe community</li> <li><input type="checkbox"/> Environment sustainability</li> <li><input type="checkbox"/> Early childhood and youth development</li> </ul>	How?

Key Security Arrangement (if applicable)
<p><b>The following section needs to be completed by the nominated key holder:</b></p> <p>Key Holder Name: _____</p> <p>Key Holder Contact Details: _____</p> <p>Key Number/s: _____</p> <p>Key Holder Signature: _____</p>

## Declaration

### By lodging this application you declare that:

- You are authorised to lodge this expression of interest on behalf of your organisation or group.
- You have read and agree to the Condition of Use.
- The information provided in this form is true and correct.
- You will provide attendance participation figures to Centre staff on a quarterly basis or as requested

The Hirer shall indemnify and keep indemnified Maribyrnong City Council, its servants and agents and each of them from, and against, all actions, costs, claims, charges, expenses and damages whatsoever, which may be brought or made or claimed against it by any of them arising out of, or in any way related to, the granting of this agreement and/or the use of the premises. The Hirer's liability to indemnify Maribyrnong City Council will be reduced proportionally to the extent that any act or omission of Maribyrnong City Council, its servants or agents, contributed to the loss of liability.

**In the event of a local or state emergency, the Maribyrnong Community Centre may be designated for use as an Emergency Relief Centre. In the event of such an emergency, Maribyrnong City Council may not be in a position to provide any prior notice that your booking is cancelled. The hiring fee and any bond will be refunded.**

**Privacy Statement:** The personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information requested on this form is being collected by Council for reference and identification, mailing purposes, or related purposes. Council may disclose this information to other organisation if required by legislation. The Hirer understands that the personal information provided is for the above purpose that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.

I, \_\_\_\_\_ , \_\_\_\_\_  
(Name of hirer) (Name of organisation/group)  
of \_\_\_\_\_ Post Code: \_\_\_\_\_  
(Address)

have received and read a copy of the Conditions of Use booklet, and agree to comply with all the requirements in the document.

Upon acceptance of the application, an invoice for hire charges will be issued on the 15<sup>th</sup> of the month or as negotiated. Payment of hire fees is to be paid within 14 days of invoice date.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Centre Facilitator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tick the below boxes to ensure that you have included all required information:

- ☐ Complete / circle dates on calendar (mandatory)
- ☐ Copy of current Certificate of Currency (Public Liability Insurance) of minimum \$20 million or have selected to be covered under our Public Liability for a fee of \$40.00 per hire
- ☐ Certificate of incorporation (if applicable)
- ☐ Financial Statement / Annual Report (if applicable)

#### How to lodge

**By email:** [maricomm@maribyrnong.vic.gov.au](mailto:maricomm@maribyrnong.vic.gov.au)

**By post or in person to:** **Maribyrnong Community Centre**  
9 Randall Street,  
Maribyrnong, Victoria 3019

#### What happens next?

- Completion of this form does not guarantee or confirm a booking.
- You will receive acknowledgement that your expression of interest has been received.
- Council may contact you for further information regarding your submission.
- You will be advised in writing / email by 14 June if your application has been accepted

#### Contact Maribyrnong Community Centre

03 9032 4305  
[maricomm@maribyrnong.vic.gov.au](mailto:maricomm@maribyrnong.vic.gov.au)  
[www.maribyrnong.vic.gov.au](http://www.maribyrnong.vic.gov.au)



[facebook.com/maribyrnongcommunitycentre](https://facebook.com/maribyrnongcommunitycentre)  
9 Randall Street, Maribyrnong VIC 3032

#### Maribyrnong City Council Customer Service

03 9688 0200  
[email@maribyrnong.vic.gov.au](mailto:email@maribyrnong.vic.gov.au)  
PO Box 58, Footscray VIC 3011

**For office use only:**

Proof of Incorporation attached **YES / NO** Proof of current Certificate of Currency (Public Liability) attached **YES / NO**

Description of activity - \_\_\_\_\_

Approximate number of people attending - \_\_\_\_\_

Number of hours facility required - \_\_\_\_\_ hours (including set up and cleaning time)

**HIRE CHARGE:** Commercial ☐ Community ☐ Hourly Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours \$ \_\_\_\_\_ (226)  
Public Liability (if applicable) \$ 40.00 \$ \_\_\_\_\_ (225)  
Other charges \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CHARGE PER HIRE** \$ \_\_\_\_\_

BOND SECURITY (if applicable): \$500.00 \$ \_\_\_\_\_ (3)

BOND KEY (if applicable): \$60.00 per \$ \_\_\_\_\_ (3)

**TOTAL BONDS** \$ \_\_\_\_\_

TRUST ID \_\_\_\_\_ TRUST CAT \_\_\_\_\_ NAR \_\_\_\_\_

**WebFront Desk Receipt No:** \_\_\_\_\_ **Date Paid** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authority Receipt No:** \_\_\_\_\_ **Date Paid** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Key Number :** \_\_\_\_\_