

Expression of interest form for regular users July 2018 – June 2019

Introduction

Braybrook Community Centre is located at 107 - 139 Churchill Avenue, Braybrook. The Community Centre is a highly visible, culturally relevant facility where individuals can access information, support services, programs and educational activities and can access community spaces for hire. Community groups, organisations, local businesses and schools who are interested in regularly using space at this facility (at least once a month) from July 1 2018 to 30 June 2019 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 any other additional information including hire fees, please contact 03 9188 5800 or via email at braycomm@maribyrnong.vic.gov.au

1. Your details

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

Category	Description
<input type="checkbox"/> Community based group/organisation	<ul style="list-style-type: none">Community Groups, Community Service Organisation, volunteer and member-based organisations, health care providers with Medicare rebate, partnerships with Council and religious services providing Community programs. E.G. Welfare agencies, sport clubs, Rotary Clubs, neighbourhood houses, churches providing community programs, residents associations and general interest groups.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.
<input type="checkbox"/> Standard group/organisation	<ul style="list-style-type: none">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.

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

Program Name:			
Organisation / group 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 Braybrook Community Centre.

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

Targeted to specific participants	<input type="checkbox"/> Go to question 5.2
Open to all members of the general public	<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)?

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

5.6 Number of participants and age group: (please indicate below)			
0 – 4 years (early years)		20 – 60 years (adults)	
5 – 12 years (primary)		60 years + (seniors)	
13 – 25 (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 Braybrook Community Centre:

5.9 Noise Level:			
<input type="checkbox"/> Nil	<input type="checkbox"/> Low	<input type="checkbox"/> Mild	<input type="checkbox"/> High (Max 55DB)
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 and active group movement.			

5.10 Room Set Up		
<input type="checkbox"/> Clear floor space <input type="checkbox"/> U-shape (with tables and chairs) <input type="checkbox"/> Tables at the back of room	<input type="checkbox"/> Theatre/forum <input type="checkbox"/> U-shape (chairs only) <input type="checkbox"/> Extra chairs	<input type="checkbox"/> Board room <input type="checkbox"/> Table at the front of room

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	80					
Community Meeting Room 1	8					
Community Meeting Room 2	12					
Library Meeting Room 1	8					
Library Meeting Room 2	4					
Computer Training Room	10					
Library Meeting Room 3 & 4	20					
Sports Pavilion	50					
Kitchen	10					

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

JULY 2018						
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

AUGUST 2018						
M	T	W	T	F	S	S
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13	14	15	16	17	18	19
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27	28	29	30	31		

SEPTEMBER 2018						
M	T	W	T	F	S	S
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OCTOBER 2018						
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29	30	31				

NOVEMBER 2018						
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12	13	14	15	16	17	18
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26	27	28	29	30		

DECEMBER 2018						
M	T	W	T	F	S	S
31					1	2
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JANUARY 2019						
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21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2019						
M	T	W	T	F	S	S
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18	19	20	21	22	23	24
25	26	27	28			

MARCH 2019						
M	T	W	T	F	S	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL 2019						
M	T	W	T	F	S	S
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22	23	24	25	26	27	28
29	30					

MAY 2019						
M	T	W	T	F	S	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE 2019						
M	T	W	T	F	S	S
					1	2
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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.	
Inclusive Does your program or activity: <ul style="list-style-type: none"> <input type="checkbox"/> Support our culturally diverse community <input type="checkbox"/> Create pathways to employment <input type="checkbox"/> Engage families, children and young people <input type="checkbox"/> Reduce social isolation <input type="checkbox"/> Promote positive aging 	How?
Community Driven Does your program or activity: <ul style="list-style-type: none"> <input type="checkbox"/> Involve the community in decision making processes that impact them <input type="checkbox"/> Be flexible and responsive to current and emerging community needs 	How?
Relationships and Partnerships Does your program or activity: <ul style="list-style-type: none"> <input type="checkbox"/> Create opportunities for people to meet, connect and build relationships <input type="checkbox"/> Build and strengthen partnerships that will benefit the community <input type="checkbox"/> Offer opportunities for people from diverse cultural backgrounds to feel welcome 	How?
Skill Development Does your program or activity: <ul style="list-style-type: none"> <input type="checkbox"/> Support the local community to participate in formal and informal educational opportunities <input type="checkbox"/> Encourage local tutors and education providers <input type="checkbox"/> Offer volunteering opportunities 	How?
Health and Wellbeing Does your program or activity contribute to: <ul style="list-style-type: none"> <input type="checkbox"/> Living an 'active' life <input type="checkbox"/> A safe community <input type="checkbox"/> Environment sustainability <input type="checkbox"/> Early childhood and youth development 	How?

Swipe card security arrangement (if applicable)
<p>The following section needs to be completed by the nominated swipe card holder:</p> <p>Swipe card holder name: _____</p> <p>Swipe card holder phone number: _____</p> <p>Swipe card number/s: _____</p> <p>Swipe card 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.

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 Braybrook Community Hub 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 will be issued for hire on the 15th of every month for the following month or as negotiated. Invoices payable within 14 days from date of invoice.

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: braycomm@maribyrnong.vic.gov.au

By post or in person to: **Braybrook Community Centre**
107 – 139 Churchill Ave,
Braybrook 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.

Contact Braybrook Community Hub

03 9188 5800

braycomm@maribyrnong.vic.gov.au

www.maribyrnong.vic.gov.au



facebook.com/braybrookcommunityhub

107 -139 Churchill Ave, Braybrook 3019

Customer Service

03 9688 0200

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)
Certificate of Currency (if applicable) \$ 40.00 \$ _____ (225)
Other charges _____ \$ _____

TOTAL CHARGE PER HIRE \$ _____

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

BOND SWIPE CARD (if applicable): \$60.00 per swipe card \$ _____ (3)

TOTAL BONDS \$ _____

TRUST ID _____ TRUST CAT _____ NAR _____

WebFront Desk Receipt No: _____ **Date Paid** ____/____/____

Authority Receipt No: _____ **Date Paid** ____/____/____