EXPRESSION OF INTEREST

PART 1 | FORMS AND SCHEDULES

YARRA RANGES Council

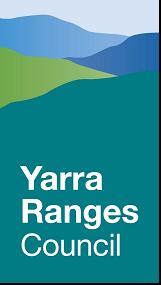
Lease of

Menzies Creek Hall

Located at

1 Menzies Road,

Menzies Creek VIC 3159

****

PART 1: FORMS AND SCHEDULES (for completion)

PART 2: DRAFT LEASE AGREEMENT

Issued: Tuesday 19 July 2022

Due: 5:00pm Friday 19 August 2022

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Disclaimer

The purpose of this document is to provide information to assist Respondents in their EOI to Lease the Menzies Creek Hall located at 1 Menzies Road, Menzies Creek 3159. The Council and its employees, representatives and consultants make no representation or warranty as to the accuracy, reliability or completeness in respect of information provided.

The Council and its employees, representatives and consultants shall have no liability to a Respondent or other person under the law of contract, tort, the principles of restitution or unjust enrichment or otherwise for any loss, cost, liability expense or damage which may arise from or be incurred as a result of anything contained in this document, and any information supplied by or on behalf of the Council or otherwise arising in any way from the selection process.

# EXPRESSION OF INTEREST OVERVIEW

## EOI Objectives

Council is seeking EOI submissions from interested Community Groups or Organisations to enter into a Lease agreement to occupy and manage the Menzies Creek Hall located at 1 Menzies Road, Menzies Creek 3159, for a community purpose. The facility is identified on the plan in section 12.

The facility, which includes hall space, office area and storage rooms, kitchen and toilet amenities (including child friendly amenities suitable for pre-school use), has traditionally been used as a community hall for both community activities and events, and as the location for the Menzies Creek Preschool (as long-standing hirer).

Adjacent to the Hall, and fenced into the Hall property, is a publicly accessible playground which will remain open for public use (except at times which conflict with Hall uses). As such, maintenance responsibility for the repair and replacement of playground equipment would remain with Council.

The successful Organisation would be offered a five (5) year lease to occupy and manage the premises for the purposes outlined below, subject to statutory processes pursuant to the Local Government Act 2020 (if required).

Accordingly, Council is now seeking Expressions of Interest (EOI) submissions from interested organisations with the ethos, and operational and financial capability to deliver outstanding community outcomes.

Through this EOI, the Council aims to understand:

* Interested Organisations’ primary purpose and functions, role in the community, and their track record of contributing to community wellbeing.
* How the Organisation’s occupation and management of the facility would better enable the delivery of their services and community development to the local and wider Yarra Ranges community.
* Organisational and operating structures, and organisational commitment to OHS, risk management, Child Safe Standards and safety systems.
* The Organisation’s financial standing and ability to pay the rental fee and outgoings, as specified in the Draft Lease Agreement (Part 2 – Draft Lease Agreement).

Following the assessment of EOI submissions and subsequent ratification by Council, the successful submitter will be awarded a five (5) year lease to occupy the premises, in line with the conditions of the Draft Lease Agreement (Part 2 – Draft Lease Agreement).

**1.1.1 Service Delivery Expectations (IMPORTANT – PLEASE READ)**

Council has a number of mandatory service delivery expectations with regard to this facility, as listed in the table below.

|  |
| --- |
| **Council’s minimum expectations** |
| The managing organisation must, at a minimum:   * Ensure that the facility is welcoming and accessible to the local community as a hub for community focussed activities/services. * Manage the day-to-day operation of the facility, including undertaking maintenance responsibilities in line with the Building Maintenance Policy, shown as Schedule 1 to the Draft Lease (PART 2: DRAFT LEASE AGREEMENT) and meeting all other expenditure obligations outlined in the Draft Lease. * Demonstrate capacity to meet all regulatory requirements related to programs and activities to be provided at the facility eg. Child Safe Standards.   The managing organisation must not at any time:   * Allow or undertake gambling at the premises. |

## Lease Agreement

Council is seeking Expression of Interest (EOI) from interested Community Groups and Organisations to enter into a Lease Agreement to occupy and manage the Menzies Creek Hall for a 5 year term.

The Council’s objectives for entering into this Lease Agreement are to:

* Enable the utilisation of Council’s community asset for best community outcome.
* Empower the successful community organisation to manage the use, hire (if relevant) and general maintenance of the facility to best suit their own needs and that of the community.

## Evaluation Criteria

Submissions which meet the mandatory conditions will be evaluated against the following criteria:

* Community Benefit
* Ability to cooperate with Council and adjoining neighbours
* Type of Service provided
* Accessibility to a broad range of Community interests, genders and demographics
* Demonstrated financial viability

| **Evaluation Criteria** | **Weighting** |
| --- | --- |
| **Mandatory** | |

* Compliance to submission format
* Risk management including OHS
* Compliance with current Child Safe Standards

|  |  |
| --- | --- |
| **Experience & Capability** | **40%** |

* Relevant experience in service provision
* Demonstration of past performance
* Proposed utilisation and best community value
* Current community commitments, partnerships, contracts or agreements to deliver similar programs and services.

|  |  |
| --- | --- |
| **Services and Community Benefit** | **40%** |

* Services offered and benefit to the community
* Proposed operating structure and on-site resourcing
* Proposed facility upgrade and maintenance
* Proposed operating hours
* Engagement and promotions plan

|  |  |
| --- | --- |
| **Rental and capacity to pay** | **20%** |

* Rental fee proposal
* Demonstrated capacity to meet financial commitments

Council reserves the right to assess the merits of each proposal by taking into account any matter, fact or circumstance which it considers appropriate.

# Submission Process

## Introduction

The information provided by Respondents in response to the EOI Forms and Schedules together with the defined selection criteria will form the basis of the EOI evaluation.

Respondents’ responses will be evaluated in accordance with the Evaluation Process and the Assessment Criteria described in Part 1 – Specifications and Attachments. Once the EOI has closed Respondents shall not expect to be given further opportunity to provide additional information.

Part 1 - Form and Schedules has been provided for Respondents to complete as part of the EOI process. The use of this specific document as a set submission format is mandatory.

## Additional Information

Further information may be obtained from the contact below:

|  |  |
| --- | --- |
| Name | Michelle Danks |
| Email | m.danks@yarraranges.vic.gov.au |
| Telephone | 03 9294 6344 |
| Postal Address | PO Box 105, Lilydale Vic 3140 |

## Instructions to Respondents

Respondents must prepare and submit their EOI in accordance with the Conditions, Part 1, of this EOI. The EOI shall comprise the fully completed Part 1 - Form & Schedules.

The EOI Forms and Schedules comprise a structured sequence of requests for EOI information, each of which is separately numbered. EOI responses must be similarly structured and numbered, with each response to each schedule request being capable of standing alone.

The EOI shall outline all aspects of Community Benefit provided by the Community Group. All EOI Schedules are to be annexed to the EOI Form. Where responses are requested, other than on the proformas provided, Respondents must also include the EOI Schedule number, the Respondent’s name, the date and the Respondent’s signature on each page of their response.

Where the EOI is submitted by a consortium, the EOI Schedules are to be completed in respect of the consortium. EOIs from consortia will be accepted for evaluation on the condition that Respondents provide full details of their proposed legal and operational business frameworks.

## Length of Response

Responses should be brief and succinct - and generally limited to no more than one A4 page per question (or within the space indicated specifically on each Proforma). Responses should also include any attachments specifically requested within the EOI.

If Respondents feel they need to outline additional information - this can be added in the form of attachments. However please note the Council reserves the right not to review and/or provide consideration to attachments other than those specifically requested by the EOI.

## Submission Instructions

|  |
| --- |
| Your EOI submission documents must be uploaded by the closing date to Council’s Shaping Yarra Ranges webpage which can be found at:  **yarraranges.vic.gov.au/engage**  Instructions on how to upload your completed document can be found on that page |

**If you have any queries relating to the submission process, or any problems sending/uploading your documents, please contact Michelle Danks at** [**propertyandleasing@yarraranges.vic.gov.au**](mailto:propertyandleasing@yarraranges.vic.gov.au) **or 03 9294 6344.**

## Conditions

The Council reserves the right to:

* Not select any of the Respondents
* Consider non-complying EOIs
* Reject non-conforming EOIs
* Consider EOIs on value at its own discretion
* Negotiate with a selected Respondent(s) after submission of the EOI
* Change the date on which EOIs are due to a later date
* Short list a number of Respondents and proceed to a formal EOI stage
* Abandon the process
* Change its requirements under this EOI in response to external requirements for change

## Acknowledgement

In lodging its EOI, a Respondent acknowledges that:

* The submission of a proposal does not give rise to any binding agreement between Council and the Respondent
* It did not rely on any express or implied statement, warranty or representation; whether oral, written or otherwise, made by or on behalf of Council
* It relies entirely on its own enquiries
* Council will not pay or refund any Respondent’s costs associated with preparing its EOI
* It expressly waives any right to claim costs or to appeal against any decision by Council arising from the EOI process
* This document is not exhaustive and Council gives no warranty as to its accuracy or completeness

## Confidentiality

All information contained in this Document and provided by Council or its consultants as part of this process is to be regarded as commercial-in-confidence. The Respondent may only grant access to this EOI document to persons approved by Council. Council will treat all EOIs as commercial-in-confidence. However, Council is subject to the Freedom of Information Act 1982 and its undertaking of confidence is subject to the Act.

# REGISTRATION FORM

**TO: YARRA RANGES SHIRE COUNCIL**

**COUNCIL OFFICES**

**15 ANDERSON STREET**

**LILYDALE VIC 3140**

I/We the undersigned hereby apply to be registered as being interested in submitting an Expression of Interest for the LEASE OF THE MENZIES CREEK HALL LOCATED at 1 MENZIES ROAD, MENZIES CREEK 3159.

Our submission contains the information required by the Expression of Interest documents and is forwarded herewith.

**Organisation Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABN:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registered Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address for Service of Notices:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorised Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorised Representative:**

**NOTE: APPLICATIONS CLOSE: 5.00PM Friday 19th August 2022**

# SCHEDULE OF INFORMATION

### Lease Name: Lease Agreement for the Menzies Creek Hall located at 1 Menzies Road, Menzies Creek 3159.

I / We do offer to carry out and complete the work under the Lease described above and as set out in the EOI document, including any Addenda.

I / We acknowledge that if Yarra Ranges Council agrees to consider this EOI, we are bound by, and will comply with this EOI, in accordance with the conditions within the EOI documents.

*Respondents should note that all forms MUST be completed. Where response is not applicable, Respondents should note N/A.*

|  |  |
| --- | --- |
| Signature of Authoriser: |  |
| Printed Name of Signatory: |  |
| Position of Authoriser: |  |
| Dated on this day: |  |

## Respondent Details

|  |  |
| --- | --- |
| Full Name of Respondent: |  |
| Trading Name: |  |
| ABN: |  |
| Registered Office Address: |  |
| Place of Business Address: |  |
| Respondent Contact Name: |  |
| Respondent Job Title: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| Email Address: |  |

# RISK MANAGEMENT INCLUDING OH&S

## Commitment to Risk Management

|  |  |  |
| --- | --- | --- |
| Do you have a Risk Management Plan? | | YES / NO |
| If yes, does this system meet the requirements of AS4360:1999? | | YES / NO |
| If yes, is your risk management system certified by an accredited body? If so, please supply the following details: | Registration Number: |  |
| Name of Certifying Body: |  |
| Provide a brief outline below of your Risk Management and Procedures. Attach additional documentation if necessary. | | |
|  | | |

## Commitment to OH&S

|  |  |  |
| --- | --- | --- |
| Do you have a written health and safety policy? | | YES / NO |
| If yes, is your system certified by a recognised independent authority (eg: SafetyMAP, NSCA If so, please supply the following details: | Registration Number: |  |
| Name of Certifying Body: |  |
| Provide a brief outline below of your OH&S Management Policy. Attach additional documentation if necessary. | | |
|  | | |

## Group/Company/Organisation OH&S References

| Please provide information for three (3) most recent contracts: | | | |
| --- | --- | --- | --- |
| Contract | Contract 1 | Contract 2 | Contract 3 |
| Contract Name: |  |  |  |
| Client Name: |  |  |  |
| No. of lost time injuries: |  |  |  |
| Total days lost due to injuries: |  |  |  |

## Child Safety Standards

|  |  |
| --- | --- |
| Council requires that applicants who provide child education or care services, or who otherwise engage in ‘child related work’ within the meaning of the Working with Children Act 2005 must have a policy relating to child safety.  Does your organisation have a child-safe policy or statement of commitment to child safety? | YES / NO |
| If **YES**, provide a brief outline of your child-safe policy. Attach additional documentation if necessary. | |
|  | |

# EXPERIENCE AND CAPABILITY

## Core Business, Main Client Base including Experience in providing the described services

### Philosophy and Alignment

|  |
| --- |
| 1. Briefly describe the defining characteristics of your Organisation, its mission, and the service it supplies to the community. |
|  |
| 1. How does your Organisation propose to use the facility? Please indicate typical activities and proposed patterns of use on a daily, monthly and/or annual basis. |
|  |
| 1. Provide a brief summary of your Organisation’s experience and successes in providing community focussed services over the past few years. |
|  |
| 1. Please demonstrate how your proposal to manage the facility represents best value to the community? |
|  |

### Similar Projects/Activities

Please provide details of premises where the Respondent is currently occupying or have occupied in the past where services are being provided. The Council may contact one or more of the Respondents nominated properties to assist in assessing the short-listed Submissions.

|  |  |  |  |
| --- | --- | --- | --- |
| Premises Name A: |  | | |
| Project Scope: |  | | |
|  |  |  |  |
| Contact Details: | *Contact Person & Job Title:* |  | |
| *Contact Phone Number:* |  | |
|  |  | | |
| Premises Name B (if reqiuired): |  | | |
| Project Scope: |  | | |
|  |  |  |  |
| Contact Details: | *Contact Person & Job Title:* |  | |
| *Contact Phone Number:* |  | |

## Current Service Contracts or Agreements

In tabulated form below - provide details of any current agreements (if any) that your Organisation has with Yarra Ranges Council, State Department, or other Community organisation to deliver services.

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name A: |  | | |
| Service Scope: |  | | |
| *Contract Term/Expiry Date:* |  | Value Per Annum: |  |
|  |  | | |
| Client Name B: |  | | |
| Service Scope: |  | | |
| *Contract Term/Expiry Date:* |  | Value Per Annum: |  |

# SERVICES AND COMMUNITY BENEFIT

## Services and Benefit to the Community

Please provide a comprehensive list of Services and Programs you intend to run from the premises, including the benefit these services will provide to the community. Attach additional documentation if necessary.

|  |  |
| --- | --- |
| Service/ Program | Description of Service/Program and its benefit to the Community |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 1. How does your proposal allow for the facility to be used by other organisations or community members? Describe how this would be facilitated (hire or sub-let / how often would it be made available etc). |
|  |
| 1. What material upgrades and works does your organisation propose to make to the facility during the term of any lease? Please describe how these would be funded? |
|  |

## Operating Hours

What are your proposed operating hours at the facility?

| Day (Eg. Mon, Tues) | Proposed Operating Hours | Expected function/activity |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Proposed Operating Structure & On-Site resourcing

### Key Personnel

Please provide details of key personnel that will be utilising the building.

|  |  |  |
| --- | --- | --- |
| Name – Key Personnel 1: | *Position:* | *Qualifications:* |
|  |  |  |
| Name – Key Personnel 2: | *Position:* | *Qualifications:* |
|  |  |  |

### Onsite Staffing Structure

|  |
| --- |
| Please detail your proposed onsite staffing structure. |
|  |

## Engagement and Promotions Plan

|  |
| --- |
| Please detail your proposed engagement and promotions plan, including how you intend to understand community needs, develop responses to identified community needs, and inform the community of your location and services provided. |
|  |

# RENTAL PROPOSAL | CAPACITY TO PAY

## Rental Fee Proposal

Respondents must indicate their proposed annual rental amount inclusive of GST.

|  |  |
| --- | --- |
| ***Rental Fees*** | Annual Fee Range (Incl. GST) |
| Subsidised Community rental fee  Applies only to Incorporated not-for-profit community organisations | $314.50 p/a  (in line with Council’s Leasing and Licensing Policy) |
| Commercial rental fee  Applies to any section of the premises used for commercial purposes by for-profit commercial organisations (if applicable) | As per independent commercial rental valuation |
| Your proposed annual rental fee (incl. GST) |  |

Respondents must also outline the following:

|  |
| --- |
| What are the key inputs that have determined your proposed rental fee?: |
|  |

## Financial Model

Respondents should consider lessee maintenance responsibilities, as listed in the Maintenance Schedule contained within the Draft Lease Agreement (Part 2 – Draft Lease Agreement), when responding to this section. Please note also that all utility usage charges are to be paid by the tenant.

|  |
| --- |
| Please outline your proposed financial operating model to operate the facility. Responses must include:   * Anticipated operating costs (including staffing costs if relevant) * Funding inputs |
|  |

## Capacity to Pay

### Annual Turnover

| Annual Turnover – Actuals for Past 3 Financial Years | | | |
| --- | --- | --- | --- |
| Financial Year | 2018 / 2019 | 2019 / 2020 | 2020 / 2021 |
| Amount |  |  |  |
| Annual Turnover – Projections for Next 3 Financial Years. | | | |
| Year Ending | 2021 / 2022 | 2022 / 2023 | 2023 / 2024 |
| Amount |  |  |  |

### Referees

Please provide names and contact details for the following referees. Please note The Council retains the right to conduct business and industry checks other than those specified below.

|  |  |  |
| --- | --- | --- |
| Accountant | *Company Name:* |  |
| *Contact Name:* |  |
| *Job Title:* |  |
| *Contact Phone/Email:* |  |
| *Services Provided:* |  |
|  |  |  |
| Bank Manager | *Company Name:* |  |
| *Contact Name:* |  |
| *Job Title:* |  |
| *Contact Phone/Email:* |  |
| *Services Provided:* |  |
|  |  |  |
| Government Department contact in regard to services provided (if applicable) | *Department Name:* |  |
| *Contact Name:* |  |
| *Job Title:* |  |
| *Contact Phone/Email:* |  |
| *Services Provided:* |  |
|  |  |  |
| Council Department contact in regard to services provided | *Department Name:* |  |
| *Contact Name:* |  |
| *Job Title:* |  |
| *Contact Phone/Email:* |  |
| *Services Provided:* |  |

# DETAILS OF ORGANISATION

## Organisation / Group Structure

Please provide information as relevant to your organisation or group.

|  |  |
| --- | --- |
| Date of Incorporation: |  |
| Place of Incorporation: |  |
| ABN: |  |

| List Name/s of key organisation office bearers (Directors, President Secretary, Managers, etc. as appropriate): | | |
| --- | --- | --- |
| Office Holders | Name | Position |
| *Office Holder 1:* |  |  |
| *Office Holder 2:* |  |  |
| *Office Holder 3:* |  |  |

| List Parent, Subsidiary and Associated Organisations or Groups if applicable: | | | |
| --- | --- | --- | --- |
| Company | Name | Relationship | ABN |
| *Organisation/Group 1:* |  |  |  |
| *Organisation/Group 2:* |  |  |  |
| *Organisation/Group 3:* |  |  |  |

## Organisation or Group Chart

Please attach a copy of your Organisation or Group chart.

# INSURANCES

The Respondent shall outline its policy details and *attach a copy* of the relevant policy and certificate of currency

| Policy | Policy Number | Expiry Date | Policy Cover $ |
| --- | --- | --- | --- |
| WorkCover |  |  |  |
| Public & Products Liability Insurance |  |  |  |

# STATEMENT OF COMPLIANCE

The Respondent is to complete this Statement in order to clarify which clauses of Lease they do not agree with. The relevant clause numbers are to be provided in the following format with the proposed replacement clause marked up to show the changes provided. A comment merely describing the changes sought is not acceptable.

## Lease Agreement

This EOI is supported by Part 2 – Draft Lease Agreement. Negotiations for the Lease Agreement will be entered into on the terms defined in the Lease Agreement and the EOI.

### Compliance

By submitting an EOI, a Respondent is acknowledging that the terms and conditions outlined in the Lease Agreement are understood and accepted.

### Non-Compliance

If the Respondent “Does Not Comply” with a particular clause, then the Respondent shall:

* Give reasons for non-compliance
* Set out any proposed amendments that would render the clause acceptable to the Respondent

The Respondent MUST NOT:

* Reproduce the Lease Agreement or provide an amended copy as the Lease Agreement is subject to copyright
* Provide Yarra Ranges Council with their own Lease Agreement - any Respondent doing so will be regarded as non-compliant with this part of the EOI
* Suggest deletion of numerous clauses and their wholesale replacement with other clauses, especially where the clauses are not directly comparable. Please comment instead on individual wording changes, where wording is not acceptable

| Clause | Complies | Does Not Comply | Reasons for Non-Compliance | Proposed Amendments |
| --- | --- | --- |
| Ie.[Clause] | Ie. [Complies] | Ie. [n/a] |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# ADDENDA ACKNOWLEDGEMENT

The Respondent acknowledges that the addenda listed below have been received during the EOI period and that the EOI has been prepared having full regard of these addenda.

## Addendum Table

| Addendum Number | Brief Description | Date Received |
| --- | --- | --- |
|  | Council’s Standard Lease Document |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# North point PLAN OF LEASED AREA

**Colby Drive**

**Clements Ave**