#### Introduction

#### Overview

The annual **Expression of Interest (EOI)** for regular hire allows individuals, creatives, Not-For-Profit and community groups to apply for the regular use of Council's Community Venues to craft activities and programs that respond to the needs of the Inner West community.

#### **Indoor Venues Fee Scale Policy**

Council provides a scaled fee structure for the hire of indoor venues, please refer to Council's <u>Indoor Venues Fee Scale Policy</u> for details.

Incomplete applications and/or applications received after the closing date will still be considered on a case-by-case basis.

#### For more information

For more information and assistance with the form, contact the Bookings office on ph: (02) 9392 5923

### **Contact for Application**

\* indicates a required field

About you

Are you or are you applying on behalf of:

### **Applicant Contact Details**

Contact Name *	First Name	Last Name
	Hint: This is the primary	person Council will communicate with
	about this application	person council will communicate with
Phone Number (business hours) *		
nours) *	Must be an Australian ph Include area code	one number.
Email Address *		
Elliali Address	Must be an email addres	
	Mast he all elliali addres	5.

**Address Details** 

Address \*

Hint: This is the email address Council will use to communicate with you about this application

Address			
Address Line 1, Suburb/Town, State/	Province, Postcode, and C	Country are required.	
Organisation Details			
* indicates a required field			
Organisation Contact Det	ails		
Please think carefully about the will be required to sign a hire ag If you are applying as an individufield	reement and be respon	sible for any activities in	the venue.
Legal name of organisation *	Organisation Name		
	spelling and make sure y	ganisation's full name. Chec you provide the same name n such as with the ABR, ACN	that is listed
Organisation contact *	First Name	Last Name	
			6.110
	Hint: Who is responsible	for this activity from start t	o finish?
Position held in organisation			
organisation	Hint: Manager, Board Member, Fundraising Coordinator		
Organisation address *	Address		
	Address Line 1, Suburb/Country are required.	Γown, State/Province, Postc	ode, and
Organisation phone number *	Must be an Australian ph	none number.	

Include area code

Organisation email address (if different from the contact email)	Must be an email address.
Do you or your organisation have an ABN? *	<ul><li>○ Yes</li><li>○ No</li></ul>
ABN Lookup	
Organisation ABN *	
	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
	Information from the Australian Business Register
	ABN
	Entity name
	ABN status
	Entity type
	Goods & Services Tax (GST)
	DGR Endorsed
	ATO Charity Type <u>More information</u>
	ACNC Registration
	Tax Concessions
	Main business location
	Must be an ABN.
Is your organisation registered for Goods and Services Tax (GST)? *	<ul><li>Yes</li><li>No</li></ul>
Supporting Materials	
Please upload a copy of your organisation's Certificate of Public Liability Insurance to the value of \$20 million	Attach a file:
Are you an incorporated association under the Incorporations Act 2009?	<ul><li>○ Yes</li><li>○ No</li></ul>

Please provide your organisa Number	tion's Certificate of Incorporation Registration
Hire Details	
* indicates a required field	
Hire Summary	
Please specify the name of the retaking place.	ecurring event and the nature of activities that will be
Activity name (maximum 15 words) *	
15 Words,	Must be no more than 15 words. Hint: Provide a name for your project/program/initiative. Your title should be short but descriptive
Please describe the specifics of your	
activity / event (maximum 100 words) *	Word count: Must be no more than 100 words
Start Date *	Must be a date and no earlier than 1/1/2025. Hint: The period of hire for this round is calendar year 2025
End Date *	Must be a date and no later than 31/12/2025.
Start Time (am/pm) *	
Finish Time (am/pm) *	Note that times MUST include set up and pack up - Hirer must have vacated venue by the requested finish time
Days of the week required *	<ul> <li>☐ Monday</li> <li>☐ Tuesday</li> <li>☐ Wednesday</li> <li>☐ Thursday</li> </ul>
Do you want to use the venue during the school holiday period? *	□ Yes □ No
Booking frequency *	<ul><li>□ Weekly</li><li>□ Fortnightly</li><li>□ Monthly</li></ul>

	□ Other:	
Select monthly frequency *		
If you have an irregular sche list of your preferred dates a Attach a file:		e apply, please attach a
A Word, Excel or PDF document pre-	ferred	
Target Demographic (ma	ximum 2 selections)	
Is your activity targeting a general address specific groups in the lo members will benefit from your	cal area? Please state which Ir	nner West community
Primary target audience (maximum 2 selections) *	□ Aboriginal and Torres Strait Islander peoples □ All residents □ Women □ Children and families □ Older people (over 55 years old) □ People from culturally and linguistically diverse communities No more than 2 choices may be Hint: You may select up to two is beneficiaries / contributors are	
Activity / Event Details		
Which of the following best describes your activity / event? *	<ul> <li>□ Corporate, promotional or profit making purposes</li> <li>□ Revenue raising for your organisation</li> <li>□ Fundraiser / Charity event</li> <li>□ A private function</li> <li>□ Delivery of a funded community service</li> <li>□ Community education and awareness building</li> <li>□ Children's playgroup</li> </ul>	<ul> <li>□ Concert / Musical or</li> <li>Performance</li> <li>t □ Exhibition</li> <li>□ Community Event</li> <li>□ Cultural Celebration</li> </ul>

	☐ Religious / Spiritual / Occasion of worship	☐ Trade Shows
	☐ Physical / Health or Sport / Exercise activity	☐ Political Branch Meeting
	☐ Artistic / Creative	☐ Other event of a political nature
	☐ Support Group meeting / session	□ Other:
Who is the activity / event open to? *	<ul><li>☐ The general public</li><li>☐ Members only</li><li>☐ By invitation only</li></ul>	
Venue Requested (maxim	num 4 selections)	
Please locate which venue/s you maximum of four venues only.	wish to use for your event/s o	r program. Please select a
Which venue do you require? (maximum 4 selections) *	☐ Annandale Community Centre Back Hall	☐ Jimmy Little Community Centre - Meeting Room (Lilyfield)
selections, *	<ul> <li>□ Annandale Community</li> <li>Centre Upstairs Hall</li> <li>□ Annandale Community</li> <li>Centre Meeting Room</li> <li>□ Ashfield Activity Room</li> </ul>	☐ Leichhardt Library  Meeting Room  ☐ Leichhardt MarketPlace  Community Room  ☐ Leichhardt Town Hall -
	- Therese Heffernan Room (Room 1)	Main Hall
	☐ Ashfield Activity Room - Patricia Blackman Room (Room 2)	☐ Marrickville Pavilion Hall
	☐ Ashfield Activity Room - Peter Cross Room (Room 3)	☐ Marrickville Library - Francis Charteris Learning Room (1.1)
	☐ Ashfield Activity Room - Irene Williams Room (Room 4)	☐ Marrickville Library - Pauline McLeod Learning Room (1.2)
	☐ Ashfield Town Hall	<ul><li>☐ Marrickville Town Hall - Main Hall</li></ul>
	☐ Balmain Town Hall - Main Hall	☐ Marrickville Town Hall Creative Studio - Winged Victory
	☐ Balmain Town Hall - Meeting Room	☐ Marrickville Town Hall Creative Studio - Creative East
	☐ Balmain Library Meeting Room	☐ Marrickville Town Hall Creative Studio - Creative West
	☐ Clontarf Cottage (Balmain) ☐ Hannaford Community	☐ Mervyn Fletcher Hall (Haberfield) ☐ Petersham Town Hall -
	☐ Hannaford Community Centre Heffernan Hall	Main Hall

	☐ Hannaford Community Centre Activity Room	<ul> <li>☐ Petersham Town Hall</li> <li>Creative Studio - Pan Pacific</li> <li>Room</li> </ul>
	☐ Hannaford Community Centre Media Room	☐ Petersham Town Hall Creative Studio - Francisca Paso Doble
	☐ Hannaford Community Centre Meeting Room	☐ Petersham Town Hall Creative Studio - Tina Sparkle
	☐ Hannaford Community Centre Meeting Room & Lounge	☐ Seaview Street Hall (Dulwich Hill)
	☐ Haberfield Centre - Michael Maher Room ☐ Haberfield Centre - Graham Yarroll Room ☐ Haberfield Centre - Euphemia Ferrier Meeting Room	<ul> <li>□ St Peters Town Hall -</li> <li>Downstairs Meeting Room</li> <li>□ St Peters Town Hall -</li> <li>Upstairs Hall</li> <li>□ Whites Creek Cottage</li> <li>(Lilyfield)</li> </ul>
	☐ Haberfield Centre - Thelma Hatfield Meeting	☐ Whites Creek Stables (Lilyfield)
	Room  Herb Greedy Hall (Marrickville) Jimmy Little Community Centre - Main Hall (Lilyfield) No more than 4 choices may be	☐ Yanada Room (Lewisham)
Participant Details		
Proportion of participants that live in	☐ 10% or less ☐ Appro	ximately 🗆 100%
the Inner West Council Local Government Area *	Enmore, Haberfield, Leichhardt, South Marrickville, Petersham, F Summer Hill, Sydenham, Tempe	nandale, Ashfield, Balmain Irove, Dobroyd Point, Dulwich Hill, Lewisham, Lilyfield, Marrickville, Rozelle, Stanmore, St Peters,
Number of participants *	Must be a number.	
Is the activity open to the public? *	□ Yes □ No	
Do you consent to have your program and contact details	□ Yes □ No	

published on Council's website? *			
Is the activity for religious devotional purposes? *	☐ Yes ☐ No		
Is the activity being held for fundraising purposes? *	☐ Yes ☐ No		
Will you be providing services to children requiring compliance with the Child Protection (Working With Children) Act 2012? *	necessary clearances as directed by the le	red to be able to provions, permissions, certificated gislation (such as a Wosson may result in Coun	ates and permits orking with Children
Will you be serving food or engaging the services of a contractor to provide food services during your booking? (this includes temporary food stalls or mobile food vehicles) *	Food Safety Standard	ed to ensure complian ds, and if applicable, ho I license issued by Inno	old an appropriate
Will you be engaging the services of a contractor to conduct activities on the premises during your booking? *	of the contractors' Co	ed to obtain and provi ertificate of currency for se of twenty million dol	or public liability
Will alcohol be served or sold at the facility during your booking? *	☐ Yes☐ No If yes, you are required to obtain and provide to Council details of an appropriate license. You will be required to provide the name of the delegated attendee with an RSA accreditation and upload/attach their certificate of accreditation.		
Cost to participate			
Is the activity free to participants? *	☐ Yes ☐ No		
Session cost			
Please advise what the cost for p	articipants is for eac	ch session of your ac	ctivity.
What do participants have to pay to attend	□ Free (\$0) □ \$1-\$2	□ \$5-\$10 □ \$10-\$15	□ Over \$20 □ Other:
per session? *			

	$\square$ \$2-\$5 $\square$ \$15-\$20 If over \$20, please specify in 'Other'
Do you offer concession or lower fees for people on low incomes or with a Health Care Card? *	☐ Yes ☐ No
Low Income & Health Car	e Card holder concession
What is the concession price for persons on low income or with Health Care, Pension or other concession cards? *	☐ Free (\$0) ☐ \$1-\$2 ☐ \$2-\$5 ☐ \$5-\$10 ☐ \$10-\$15 ☐ \$15-\$20 ☐ Over \$20
Child Safe Requirements	
Regular hirers proposing chil	d related work must maintain:
• Compliance with relevant child agents and contractors engaged	protection legislation and regulation, including for all staff or sub-contracted
• Compliance guided by appropr	iate child protection policies and procedures
	for all employees, volunteers, other individuals and o are engaged with the Child Related Work
• Child safety risk management	strategies and utilise these in their work
Child protection and child safety	ry training and induction.
The Office of the Children's Guar eLearning. Please visit the websi	dian offers a free online learning program Child Safe te for more information.
Fee Subsidy	
* indicates a required field	
Applying for fee subsidy	
Are you applying for a fee su  ☐ Yes ☐ No	bsidy for your activities in the venue? *
Category for fee subsidy	
What fee subsidy category as  ☐ Category 1: 100% fee subsid ☐ Category 2: 50% fee subsidy	

### 2025\_Community Venues EOI\_Application

Please note that a reduced or full fee subsidy does not apply to bonds, key deposits or additional costs associated with the booking such as security call-outs

Are you registered □ Yes under the Charitable □ No Fundraising Act 1991? \* Is your organisation □ Yes locally based? \* □ No Are you applying as a □ Yes **Creative Organisation** □ No or Creative Individual under the Creative Town Halls initiative? \*

#### Declaration

\* indicates a required field

### Confirmation of eligibility

#### I confirm that:

- I have read and understood the Inner West Council Grants Fee Scale Policy 2020.
- I am an Australian citizen, resident or relevant visa holder aged over 18 years.
- I am a resident of or delivering services in the Inner West Council area or offer a project that benefits residents of the Inner West.
- I am applying as or on behalf of an unincorporated community group not-for-profit organisation; or an incorporated not-for-profit organisation.
- I have no outstanding debts to Inner West Council
- I can demonstrate my program or activity is in the public interest and aligns with Council's Community Strategic Plan, policies and regulations.
- I am only submitting one application to the Inner West Council for the annual **Expression of Interest (EOI)** for regular hire of Indoor Venues in 2024.

#### Confirmation \*

Yes

O No

Please confirm that all statements above are true and correct and that you are eligible to apply.

#### Declaration

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

I understand that information provided with this application (including the application form) and any subsequent information submitted as part of this application, may be

disclosed under the provisions of the Government Information (Public Access) Act 2009 and correspondence from Council may be made available for viewing by the general public

Applicant's endorsement *	○ Yes		
Name of authorised person *	First Name	Last Name	
Organisation (if applicable)	Organisation Nar	ne	
Position (if applicable)			
	Position held in org	anisation	
Declaration date *		ons will still be accepted, howe	

### Important note for applicants

Please keep a record of the SmartyGrants (username and password) details you used to submit this application.

You will need your SmartyGrants login details for all future communications relating to this project, including funding agreements and evaluation acquittal reports.