CONCESSION APPLICATION - HIRE OF COUNCIL FACILITIES

CONCESSIONAL HIRE APPLICATIONS

Every two years Council provides an opportunity for hirers to register their interest in the concessional hire of Council facilities and public spaces.

Individuals, groups, organisations and businesses that wish to apply to hire a Council facility at a concessional rate must complete the following 2024/25 Concessional Hire WCC Community Facilities application form.

Council's <u>Community Facilities Hire Policy (65 KB)</u> located on Council's website sets out the conditions for hiring community facilities and spaces. Prior to completing this application form you should read and understand Section 6, & 8 of the Community Facility Hire Policy. **Appendix B of the policy lists all Council facilities and spaces where concessional rates apply.**

Prior to submitting an ROI Concession application, Hirers are also encouraged to;

- access an up-to-date list of venues/spaces and the types of events or activities that are suitable for each from facility staff or from Council's website.
- discuss their specific facility/space and hire needs with the Facility Manager/ Booking Officers to determine the most appropriate venue

The categorisation of Hirers detailed in the policy allows Council to accommodate a diversity of community needs and interests within Council facilities/spaces, and provides a transparent and accountable mechanism for determining the rate at which Hirers are charged.

There are 4 Hirer Categories:

Category A Commercial - full fee paying

Category B Community Not for Profit organisations/Charities (funded) – 25% discount on hire fees

Category C Not for profit Community organisations/Interest Groups/Charities (limited funding) - 50% discount on hire fees

Category D Full Concession - 100% discount on hire fees

To be eligible to receive a concession under Categories B, C or D, the Hirer must be a '**Not** for **Profit' community group or organisation.**

Hirers will be assessed according to:

- the purpose for which the Council facility/space is being hired, and
- the demonstrated capacity of the Hirer to pay

Please ensure your application demonstrates:

- activity/service meets a broader community need, encourages local community participation and increases community access to activities and services, particularly access by disadvantaged and socially isolated groups.
- activity/service embraces Council's commitment to access and equity, health
 & wellbeing and lifelong learning.
- local orientation or membership of the Hirer to the Willoughby Local Government Area.

Application form 2024 & 2025 - Concessional Hire

Hirers need to make application for each activity they conduct as they may fall into different Hirer categories subject to the purpose of the hire.

If the Hirer's financial and operational situation remains unchanged, the approved Registration of Interest will normally be valid for a 2 year period.

N.B. Organisations which are determined by Council to have reasonable access to funds (e.g. substantial funds in Reserve or access to funds through their annual turn over) will not be eligible for a concession.

Applications for different Council facilities/spaces will be assessed independently of each other by the Officer responsible for each facility and forwarded to the delegated officer for approval.

ABOUT THE APPLICANT ORGANISATION

* indicates a required field

What is the

Organisation's ABN?

| What is the name of the Applicant Organisation? | | |
|--|--|--------------|
| * | This is the organisation that will hiring the Council I | Facility |
| What is your organisation's legal status? Please select from dropdown options. | If you answer other association you MUST identify a body that is Incorporated Please provide and contact details of the auspice organisation on I application. | the ABN, GST |
| If your organisation | Attach a file: | |
| is a not-for-profit organisation please | | |
| provide proof of this status. | | |
| If applicable please | Attach a file: | |
| upload a copy of your organisation's | | |
| Certificate of Incorporation. | | |

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 & Ser | vices Tax (GST) | |
|--|----------------------|--|---|
| | DGR Endors | ed | |
| | ATO Charity | Туре | More information |
| | ACNC Regist | ration | |
| | Tax Concess | ions | |
| | Main busine | ss location | |
| | | | |
| Is the Organisation registered for GST? | ○ Yes | C |) No |
| Does the Organisation hold current Public Liability Insurance. * | | _ |) No ould have a Limit of Indemnity |
| Please upload a copy | Attach a file | 2: | |
| of your organisation's Certificate of Currency (Insurance). * | | | |
| | | | |
| CONTACT INFORMATION | I | | |
| * indicates a required field | | | |
| Primary Contact | | | |
| Primary contact person for this hire within the Applicant Organisation * | Title This should b | First Name be the person who kno | Last Name ows the most about the hire. |
| Position in the | | | |
| Organisation * | | r, Owner, President, S ff Member, Volunteer | ecretary, Treasurer, Committee |
| Best contact Phone No. for this person * | | | |
| Primary Contact's Email Address * | | | |
| Secondary Contact | | | |
| Secondary contact person for this hire within the Organisation | Title | First Name | Last Name |
| Position in the Organisation | | | |

| | e.g. Manager, Owner, President, Secretary, Volunteer member, Executive Committee Member | | | |
|---|--|--|--|--|
| Best contact Phone No. for this person | | | | |
| Secondary Contact's Email Address | | | | |
| Addresses | | | | |
| Street Address of the Applicant Organisation | Address | | | |
| | Suburb State Postcode | | | |
| Postal Address of the Applicant Organisation * | Address | | | |
| | Suburb State Postcode | | | |
| Website Address | If relevant | | | |
| Preferred contact point for correspondence * | O Postal O Street O Primary O Other: Address Address Contact's Secondary (stated (stated email Contact's above) email | | | |
| | If your application is not being submitted under a Auspice Organisation, please proceed directly to Page 5. | | | |
| INFORMATION ABOUT AUSPICE ORGANISATION | | | | |
| Note: Only complete this sect Organisation. | ion if you are applying under a Auspice | | | |
| Name of the Auspice Organisation | | | | |

| Please upload a | Attach a file: | | | |
|--|--|---|--|--|
| copy of the Auspice Body's Certificate of | | | | |
| Incorporation. | | | | |
| Auspice's ABN | | | | |
| 5 | | | | |
| Date of election of the Current Executive/ | | | | |
| Management Committee | Usually the last AGM. | | | |
| Is the Auspice Organisation registered for GST? | ○ Yes | ○ No | | |
| Does the Auspice Organisation hold current Public Liability Insurance of \$20 million | O Yes You will need to provide a copy Insurance. | O No of the current Certificate of | | |
| · | Attach a file: | | | |
| Please upload a copy of the Auspice | Attach a nie: | | | |
| Organisation's Certificate of Currency (Insurance). | | | | |
| Financial or In Kind Suppo | ort from Auspice Organ | nisation | | |
| Please provide details of | | | | |
| your agreement with the Auspice organisation | Insurance cover only? | | | |
| Adspice organisation | | | | |
| Does the Auspice Organisation provide ANY financial or in-kind support to the Applicant Organisation? | ○ Yes | ○ No | | |
| Does the Auspice Organisation provide ANY financial or in-kind support to the Applicant | ○ Yes | ○ No | | |
| Does the Auspice Organisation provide ANY financial or in-kind support to the Applicant Organisation? Is yes, please provide an overview of the support | | ○ No | | |
| Does the Auspice Organisation provide ANY financial or in-kind support to the Applicant Organisation? Is yes, please provide an overview of the support provided. | | O No Last Name | | |

| Auspice Organisation's Postal Address | Address |
|--|--|
| | Suburb State Postcode |
| Auspice's Contact Email | |
| Auspice Organisation's Website | If relevant |
| | PLEASE CONTINUE TO PAGE 5. |
| COUNCIL FACILITY/SPAC | CE REQUESTED |
| * indicates a required field | |
| Which Council facility/space are you requesting to use? * | |
| If applicable, area required within the venue. | e.g. mall, podium, auditorium, meeting room, hall, basketball court |
| | Preference will be given to concessional hirers booking facilities outside peak times and will be subject to availability. |
| | Wherever possible the 1st option facility will be accommodated however for high demand areas with competing requests it may be necessary for organisations to consider an alternative Council venue. |
| 2nd option Council facility if the above is unavailable. * | |
| If applicable, space required within the venue. | |
| What is the name of the Activity/Service? * | Please give the activity a short operational title. |

| Please provide a BRIEF description of the | |
|---|----------------|
| activity * | |
| | Up to 50 words |
| First date of proposed usage 2024 * | |
| Please estimate how many participants will regularly be in attendance. * | |
| Start Time (incl setup) * | |
| Finish time (incl pack up) * | |
| Proposed usage pattern * | |
| Last date of usage 2025 * | Must be a date |
| | Must be a date |
| If you require use of multiple venues/spaces for the same activity please provide details here. | |
| Dates of any extra sessions and reason required. | |
| Please indicate any scheduled breaks e.g. school holidays * | |
| Have you previously booked this venue? * | □ Yes □ No |
| If yes, how long have you been using this venue? * | |

ABOUT THE ACTIVITY/SERVICE

^{*} indicates a required field

| Your Organisation | | | | | | |
|---|---|---|----------------------|---|---|--|
| Please provide a brief outline of the activity/ service showing clear outcomes that will be achieved by the activity. | | | | | | |
| If you have any promotional materials detailing your activity please upload a copy here. | Attach a file: Flyers, course outline | es etc. | | | | |
| From the list provided, pick the description that best matches your Organisation. * | ☐ Government Aga ☐ Support Network ☐ Advocacy Group ☐ Community Inte Group ☐ Council operate ☐ Professional Net ☐ Healthy Lifestyle | k o o o o o o o o o o o o o o o o o o o | ☐ Schoo ☐ Comm | ered Cha I | arity | |
| What is the staffing | organisation | | | | | |
| structure of your organisation e.g. volunteers or paid employees? * | | | | | | |
| From the list provided, pick the description that best matches your activity. * | ☐ Delivery of a community service ☐ Private event/ function ☐ Corporate event/function | □ Rehea | nce ersal tion | ☐ Chilc Playgro ☐ Conf Semina ☐ Fund for char purpose | up erence/ r/Expo Iraising itable es | |
| | ☐ Closed meeting (members only)☐ Open meeting | | h Service/ | ☐ Com Event ☐ Other | - | |
| | ☐ Education/ Lifestyle workshop ☐ Professional Development/ Training | ☐ Health | | | | |

RELEVANCE TO THE WILLOUGHBY CITY STRATEGY AND COMMUNITY NEEDS

| * indicates a required field | | |
|--|---|---|
| Please provide details on how the proposed activity reflects the aims of the Willoughby City Community Strategic | | |
| Plan and Council's commitment to access, equity and participation, health and wellbeing and lifelong learning. * | | |
| | Willoughby City Commun | ity Strategic Plan |
| | http://www.willoughby.nsw.g DownloadDocument.ashx?D | |
| Does your activity primarily target any of the following community groups/interests? * | □ Socially and/or culturally isolated people □ People with significant physical and/or emotional health needs □ Socially and financially disadvantaged people | ☐ Entry level or amateur athletes, artists or performers form the Willoughby LGA ☐ Residents of the Willoughby LGA ☐ Identified gap/high priority area in local service provision |
| Does your activity improve/encourage local community access. * | □ Yes □ No | |
| | | |
| Will the activity serve the people who live and work within the Willoughby LGA * | ○ Yes | ○ No |
| If so, please provide | Attach a file: | |
| documentation supporting membership/ attendance predominantly for residents/workforce | | |

Application form 2024 & 2025 - Concessional Hire

| within | the | Willo | ughby |
|--------|-----|-------|-------|
| LGA. * | | | |

FINANCIAL SUSTAINABILITY

* indicates a required field

Please answer the following financial questions.

Auspiced groups - this financial information should pertain to the auspice organisation. However, if insurance coverage is the only support provided by the Auspice organisation please provide financial information for the applicant group only.

Please provide a detailed budget for your project detailing Income and Expenditure.

Provide a budget showing income and expenditure for the activity. Please provide 2-3 word descriptions for each cost item as the system cannot handle a lot of words in this field. You are welcome to attach more detailed information in the upload section if required.

| Income Description | \$ Expenditure Description | \$ |
|--------------------|-------------------------------|----|
| | | |
| | | |
| | | |
| | | |
| | | |

Please attach a copy of the applicant organisation's most recent financial statement. For organisations that do not have a financial statement other supporting financial documents need to be supplied. *

Attach a file:

A balance sheet or statement of financial position will be accepted - not a profit and loss statement. Registered Charities with low revenue could provide a Annual Information Statement. Incorporated Associations could provide a Summary of Financial Affairs.

Which does the hirer depend on most heavily for the activity to remain financially viable? *

| Council, State or Commonwealth funding or grants |
|---|
| Other program funding e.g. corporate sponsorship, |
| nevolent contributions |
| Income from membership fees or program charges |
| Ticket &/or Programme sales |
| Participant donations e.g. gold coin |

| | □ Volunteerism□ Other: | |
|--|---|--|
| | | |
| Please provide details on government funding or grants currently received in support of this activity. * | | |
| Does your organisation currently receive any financial or in-kind support from Willoughby City Council? * | O Yes O No e.g.Grant funds, discounted office rental, use of administrative equipment | |
| If 'Yes' please indicate the type of support received | | |
| If fees are being charged for your activity, please provide a copy of your fee structure. | Attach a file: | |
| Amount of income/ funding allocated from your budget for the cost of the hire. * | \$ Must be a dollar amount | |
| Please provide details on plans for raising/ attracting funds that will ensure the long term sustainability of the | | |
| activity. * | | |
| CONCESSION APPLICAT | ION DECLARATION | |
| * indicates a required field | | |
| I have read and understood the Community Facility and Public Space Hire Policy. | ○ Yes ○ No | |

I understand that Council requires Hirers that have received any concession on facility/space hire to:

Application form 2024 & 2025 - Concessional Hire

- Acknowledge Council assistance in any literature and promotional materials.
- State the source of that assistance in any subsequent requests for funding support from Council for fee relief or otherwise (e.g. Community Grants program).
- Comply with the Conditions of the Hire Agreement relevant to the specific facility.
- Immediately advise Facility Managers of any changes in circumstances.

I am authorised by my group/organisation to complete this form and I agree that:

- the statements made in this application are true.
- the activty will be covered by appropriate insurance.
- all relevant health and safety standards will be met.
- council does not accept any liability or responsibility for the activity.

If successful, I will:

 accept the terms and conditions of the hire agreement for the WCC facility/space hired.

| * | ○ Yes | ○ No | |
|--------------------------------------|--|------|-------------|
| I have attached: * | □ Proof of lega□ Certificate of | | ankSatement |
| Other relevent supporting documents. | Attach a file: | | |

Do not submit your application until you have fully completed the application - refer to page one for guidelines on eligibility criteria.

Please note applications will not be assessed unless supporting documents and an sufficient amount of information is supplied - where possible give details in your answers.

On behalf of the Applicant Organisation (as identified on Page 2), I declare that the information provided in this application is true and correct. I understand that Council

| | supply of a Signature of Authorisation. |
|----------------------------|---|
| Signatory's name * | |
| Position in Organisation * | |
| Organisation * | |

Note to Applicants: After completing the Application you can review the fields by hitting the "Review & Submit" tab. This will NOT submit the application.

has the right to reject this application if it is found to

Note: Completion of the fields below is equivalent to

contain false or misleading information.

To submit the application you MUST click on the "SUBMIT" button located on the top right hand side of the "Review & Submit" screen. A confirmation email indicating the application has been received will be sent to the email address you have nominated. IF YOU DO NOT RECEIVE A CONFIRMATION EMAIL YOU HAVE NOT SUBMITTED YOUR APPLICATION. You will not be able to ammend the contents of the application after you have properly submitted it to Council.