

Expression of Interest - 49 Cope Street Redfern

Form Preview

Registration of Interest

* indicates a required field

Welcome to the Expression of Interest (EOI) for 49 Cope Street, Redfern: Development and Operation of Aged Care Facility and Services

- I/We having read, understood and fully informed myself/ourselves of the contents, requirements and obligations of the Expression of Interest, submit this for the performance by myself/ourselves for the Council of the City of Sydney.
- For communication purposes a single entity must be the respondent for the purpose of this EOI.
- For-profit organisations, unincorporated community groups or individuals will not be eligible.
- It is envisaged that an applicant may partner with other entities in responding to this Expression of Interest.

This offer remains open for acceptance for **180 calendar days** from the EOI closing date.

*

☐ I confirm I understand this

Eligibility

To be eligible for this EOI is it a requirement that the applicant:

- Be or partner with a local Aboriginal Community Controlled Organisation/s or Aboriginal provider/s, and
- Be a registered Not for Profit with the [Australian Charities and Not-for-profits Commission](#) (ACNC), and
- Be a registered provider of residential aged care

The [National Agreement on Closing the Gap](#) states that:

"Aboriginal and Torres Strait Islander community control is an act of self-determination. Under this Agreement, an Aboriginal and/or Torres Strait Islander Community-Controlled Organisation delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is: a. incorporated under relevant legislation and not-for-profit b. controlled and operated by Aboriginal and/or Torres Strait Islander people c. connected to the community, or communities, in which they deliver the services d. governed by a majority Aboriginal and/or Torres Strait Islander governing body."

Are you a local Aboriginal Community Controlled Organisation/s or Aboriginal provider/s? *

☐ Yes ☐ No

Are you partnering with a local Aboriginal Community Controlled Organisation/s or Aboriginal provider/s? *

☐ Yes ☐ No

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Are you a registered not-for-profit organisation? *

☐ Yes

☐ No

Are you a registered provider of residential aged care? *

☐ Yes

☐ No

Applicant

* indicates a required field

Name of Organisation *

Organisation Name

Trading name or any other name you are known by publicly.

Applicant 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.
(Australian Business Number)

Applicant address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Applicant postal address
(if different)**

Address

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Applicant website *

Must be a URL.

This is the person we will primarily correspond with about this EOI

Contact name *

First Name

Last Name

Contact position *

Office phone number *

Must be an Australian phone number

Mobile phone number *

Must be an Australian phone number.

Contact email address *

Must be an email address

Please upload confirmation of incorporation as an Aboriginal Community Controlled Organisation/Aboriginal provider *

Attach a file:

All attachments must be PDF

Partners

Press the plus button to add each organisation/business you propose to partner with.

Please provide a letter of support from each listed partners.

Partner Organisation Name

Organisation Name

Partner 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

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

**Is this partner an
Aboriginal Community
Controlled Organisation
and/or Aboriginal
Provider?**

☐ Yes

☐ No

Partner Primary Address

Address

Partner Primary Website

Must be a URL.

Partner Contact Person

Title First Name Last Name

**Partner Contact Person
Position**

**Partner Contact Person
Primary Phone Number**

Must be an Australian phone number.

**Partner Contact Person
Primary Email**

Must be an email address.

**Partner Contact Person
Mobile Phone Number**

Must be an Australian phone number.

**Include a letter of
support from your
partner**

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Applicant details

* indicates a required field

Applicant

How many years has the organisation/business been in business under its present business name? *

Must be a number.

Provide a brief history of your organisation, including:

- Details of the size of your organisation
- Details of your corporate structure
- Clientele
- What your annual turnover is

If you are uploading your answer within an attached document, please state 'See attachment - [attachment name]' in the text box below.

*

Attach supporting documentation

Attach a file:

All attachments must be PDF

Partner details

If you are uploading your answer/s within an attached document, please state 'See attachment - [attachment name]' in the text box/es below.

Partner Organisation Name *

If no partner, list N/A

What their role or function in this project? *

Provide a brief history of your partner *

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If no partner list N/A

For more than one partner, please upload details about additional partners here
Attach a file:

All attachments must be PDF

Restrictive Covenant

* indicates a required field

Execution clause

I, *[insert name]*, being the *[Chief Executive Officer / Chief Operating Officer]* acknowledge I am authorised to make this application and agree to registration of a covenant on title requiring the property to be used for affordable and diverse housing in perpetuity (not time constrained).

*

☐ Yes

*

First Name

Last Name

Position *

☐ Chief Executive Officer

☐ Chief Operating Officer

Date of declaration *

Must be a date

Development Capability

* indicates a required field

This section examines your experience in the planning, design and construction of high quality not for profit residential aged care facilities.

If you are uploading your answer within an attached document, please state 'See attachment - [attachment name]' in the text box below.

Can you describe any specific project or projects where your organization has developed aged care facilities for specific community groups or members?

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Please provide details including your role or roles in the planning, design and construction of high quality not for profit residential aged care facilities. *

Development capability documents

Attach a file:

All attachments must be PDF

Operational Capability

*** indicates a required field**

This section examines your:

- experience in operating a residential aged care facility and/or programs and/or service(s)
- compliance

If you are uploading your answer/s within an attached document, please state 'See attachment - [attachment name]' in the relevant text box/es below.

Can you describe your organisation's experience with management and operation of aged care facilities. Include images and key information to support your experience. *

Can you describe your organisation's experience in the provision of services and/or programs serving and/or supporting aged care. Include images and key information to support your experience. *

Please provide details on your Compliance with any Licensing/Regulatory requirements *

Please upload operational capacity documents here

Attach a file:

All files must be PDF

Aboriginal and Torres Strait Islander community outcomes

* indicates a required field

This section examines your experience and vision for:

- delivering economic outcomes for the local Aboriginal and Torres Strait Islander community
- delivering employment outcomes for the local Aboriginal and Torres Strait Islander community
- inclusion of Aboriginal and Torres Strait Islander people in the future facility operations
- collaboration and partnerships with Aboriginal and Torres Strait Islander people
- community engagement
- ensuring culturally appropriate care of Aboriginal and Torres Strait Islander Elders

If you are uploading your answer/s within an attached document, please state 'See attachment - [attachment name]' in the relevant text box/es below.

Detail how have you previously delivered economic (incl employment) outcomes with the local Aboriginal and Torres Strait Islander community *

In the planning, design and construction and operation of the facility, detail how will you propose to deliver economic (incl employment) outcomes with the local Aboriginal and Torres Strait Islander community. *

Aside from economic and employment outcomes what other examples can you provide where your organisation has or does deliver social or community outcomes with Aboriginal or Torres Strait Islander peoples *

Can you describe your experience collaborating with Aboriginal and Torres Strait Islander communities, particularly in healthcare or community infrastructure projects? *

How do you approach and develop your cultural competency for working with Aboriginal and Torres Strait Islander communities? *

Aboriginal and Torres Strait Islander Community Outcomes documents

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Attach a file:

All attachments must be PDF

Funding

* indicates a required field

This section examines your ability to secure finance and/or grants and manage funding for projects.

If you are uploading your answer/s within an attached document, please state 'See attachment - [attachment name]' in the relevant text box/es below.

How would you raise the necessary funds for this project and what portion of funding is likely to come from grants, equity, debt, or other financial instruments? *

What is your experience with securing funding? Please provide examples of successful applications for funding including the purpose, the project funded, amount and management of the funding together with any other information that supports the question. *

Funding documents

Attach a file:

All attachments must be PDF

Submitting your expression of interest

You will find a '**Review and Submit**' button at the bottom of the 'Navigation Panel' on the left hand side of each page. You need to review your Expression of Interest (EOI) before you can submit it.

Once you have reviewed your EOI you can submit it by clicking on 'Submit' at the top of the screen or on the navigation panel.

When you submit your EOI, you will receive an automated confirmation email with a copy of your submitted EOI attached. This will be sent to the email you used to register.

If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.

