

# EXPRESSION OF INTEREST

## PART 1 | FORMS AND SCHEDULES



### YARRA RANGES COUNCIL

Lease of

**3420 Warburton Hwy**

**Warburton VIC 3799**

PART 1: FORMS AND SCHEDULES (for completion)

PART 2: DRAFT LEASE AGREEMENT

**Issued: 3 February 2021**

**Due: 3 March 2021**

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### Disclaimer

The purpose of this document is to provide information to assist Respondents in their EOI to Lease the 3420 Warburton Hwy, Warburton 3799. 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.

## 1 EXPRESSION OF INTEREST OVERVIEW

### 1.1 EOI Objectives

Council is seeking EOI submissions from interested Community Groups, Organisations or a Commercial Business to enter into a Lease agreement to occupy 3420 Warburton Hwy, Warburton 3799 (as identified on the plan in section 12). Through this EOI, the Council aims to:

- Understand each interested Group, Organisation or Commercial Business's role in the community.
- Identify the benefit that the Group, Organisation or Commercial Business's contributes to community needs and well being.
- Be informed as to the prospective tenant's ability to pay the specified rental amount.

### 1.2 Background Information

3420 Warburton Highway is located on Crown Land within the Lilydale to Warburton Rail Trail Reserve. Yarra Ranges Shire Council is the Committee of Management for the Lilydale to Warburton Rail Trail and is responsible for managing all leased premises within the Reserve.

The building is an older style brick and tile structure that has formerly been used as consulting rooms for a variety of businesses. The Premises is located in a Commercial 1 Zone under the Yarra Ranges Planning Scheme. The granting of a lease for the premises does not preclude a requirement to obtain a planning permit for the proposed use if required. Interested parties should make their own enquiries regarding permitted uses of the premises under the Yarra Ranges Council Planning Scheme. For further information contact the Shire's Planning Department on 1300 368 333

Features of the premises include:

- Approximately 100 m<sup>2</sup> of floor space
- Large open entrance / waiting room of 10 m<sup>2</sup>
- Four rooms of varying sizes.
- Toilet and kitchenette (sink, no appliances). Hot water system
- Heating & air conditioning systems in each room.
- Enclosed Entry foyer, with internal entry stairs, also an external compliant access ramp into foyer.

The property is offered "as is". The Council has no plans for any capital improvements to the premises. Any developments or improvements to the premises undertaken by the tenant become the property of the Crown at the end of the lease term without compensation or payment to the tenant.

The tenant will be responsible for all outgoings, including utilities, rates, garbage and maintenance.

### **1.3 Lease Agreement**

Council is seeking Expression of Interest (EOI) from interested Groups, Organisations or Commercial Business's to enter into a Lease Agreement to occupy 3420 Warburton Hwy, Warburton 3799 for a minimum of 5 years.

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

- Assist local Community Groups or Organisations to find community space to conduct their activities.
- Fully utilise Council's assets.
- Enable Groups or Organisations be easily accessible to the community.
- Allow a Commercial Business to Lease to provide community benefit.

### **1.4 Evaluation Criteria**

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

- Community Benefit
- Type of Service provided
- Accessibility to a broad range of Community interests, genders and demographics
- Demonstrated financial viability
- Best fit with other uses and activities within the Warburton township

Evaluation Criteria	Weighting
<b>Mandatory</b>	
<ul style="list-style-type: none"> <li>• Compliance to Submission Format</li> <li>• Risk management including OHS</li> <li>• The proposed use is not detrimental to the land reservation purpose</li> </ul>	
<b>Type of Service provided</b>	<b>50%</b>
<ul style="list-style-type: none"> <li>• Relevant experience in supporting local communities</li> <li>• Demonstration of past performance   referee reports</li> <li>• Current Community commitments</li> <li>• Current Contracts or Agreements</li> <li>• Risk management business systems and processes including retention strategy</li> <li>• Capacity to pay</li> </ul>	
<b>Community Benefit</b>	<b>50%</b>
<ul style="list-style-type: none"> <li>• Service &amp; Benefit to the Community.</li> <li>• Proposed operating structure and on site resourcing</li> <li>• Proposed operating hours</li> <li>• Promotions Plan</li> <li>• Best fit with other uses and activities within the Warburton township</li> </ul>	

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

## 2 Submission Process

### 2.1 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.

### 2.2 Additional Information

Further information may be obtained from the contact below:

Name	Craig Sutherland
Email	c.sutherland@yarraranges.vic.gov.au
Telephone	03 9294 6257
Postal Address	PO Box 105, Lilydale Vic 3140

### 2.3 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:

1. 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.

Respondents shall provide one unbound copy plus one email copy marked and delivered as outlined in Part 1 – Specifications and Attachments.

### 2.4 Length of Response

Responses should be brief and succinct - and generally limited to 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.

### 2.5 Lodgement Information

Please note the following mandatory submission requirements:

- Expression of Interest must be lodged by **5pm on Wednesday 3<sup>rd</sup> March 2021**.
- Respondents must provide 1 email copy of the fully completed submission document.
- Late submissions may not be accepted
- Submissions must be marked:

“CONFIDENTIAL – LEASE 3420 WARBURTON HWY, WARBURTON 3799.”

Deliver responses to:

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**By Email**

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Yarra Ranges Council  
Attention: Craig Sutherland  
[mail@yarraranges.vic.gov.au](mailto:mail@yarraranges.vic.gov.au)

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Respondents are NOT permitted to fax any part of their proposal.

**2.6 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

**2.7 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

**2.8 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.



**3 REGISTRATION FORM**

**TO: YARRA RANGES 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 3420 WARBURTON HWY, WARBURTON 3799.

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

Company or Organisation Name: \_\_\_\_\_

ACN: \_\_\_\_\_

Address: \_\_\_\_\_

(Company registered address. If other than Company, address from which the business operates.

**Not Post Office Box)** \_\_\_\_\_

Address for Service of Notices: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature of Authorised Representative: \_\_\_\_\_

**NOTE: APPLICATIONS CLOSE: 5.00 PM Wednesday 3<sup>rd</sup> March 2021**

#### 4 SCHEDULE OF INFORMATION

##### 4.1 Contract Name: Lease Agreement 3420 Warburton Hwy, Warburton 3799

I / We do offer to carry out and complete the work under the contract 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:	

##### 4.2 Respondent Details

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

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

**5 RISK MANAGEMENT INCLUDING OH&S**

**5.1 Commitment to Risk Management**

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

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

### 5.2 Commitment to OH&S

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

### 5.3 Company/Organisation OH&S References

<i>Please provide information for three (3) most recent contracts:</i>			
<i>Contract</i>	Contract 1	Contract 2	Contract 3
<i>Contract Name:</i>			
<i>Client Name:</i>			
<i>Contact Name:</i>			
<i>Phone No.:</i>			
<i>No. of lost time injuries:</i>			
<i>No. of person days on contract:</i>			
<i>Total days lost due to injuries:</i>			

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Position of Authoriser: \_\_\_\_\_

Dated on this day: \_\_\_\_\_

**6 Type of Service Provided**

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

**6.1.1 Philosophy and Alignment**

<i>a) Briefly describe the defining characteristics of the Group or Organisation and the services it supplies to the community:</i>
<i>b) Do you have any agreements with Council to provide a Service to the Community? If so please explain.</i>
<i>c) Provide a brief summary of the Group or Organisations experience in providing its services over the past few years.</i>
<i>d) Provide details of your memberships, alliances or affiliations that may be relevant to services provided.:</i>

**THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI**

**PROPONENT'S NAME:**

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

**6.1.2 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.

<i>Premises Name A:</i>			
<i>Project Scope:</i>			
<i>Contact Details:</i>	<i>Contact Person &amp; Job Title:</i>		
	<i>Contact Phone Number:</i>		

<i>Premises Name B:</i>			
<i>Project Scope:</i>			
<i>Contact Details:</i>	<i>Contact Person &amp; Job Title:</i>		
	<i>Contact Phone Number:</i>		

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

**6.2 Current Community Benefit or Contributions**

**6.2.1 Current Services or Agreements**

In tabulated form below - provide details of any current services or agreements that your Group or Organisation has with the Yarra Ranges Council or any within the Community.

<i>Client Name A:</i>			
<i>Project Scope:</i>			
<i>Contract Term/Expiry Date:</i>		<i>Value Per Annum:</i>	

<i>Client Name B:</i>			
<i>Project Scope:</i>			
<i>Contract Term/Expiry Date:</i>		<i>Value Per Annum:</i>	

<i>Client Name C:</i>			
<i>Project Scope:</i>			
<i>Contract Term/Expiry Date:</i>		<i>Value Per Annum:</i>	

<i>Client Name D:</i>			
<i>Project Scope:</i>			
<i>Contract Term/Expiry Date:</i>		<i>Value Per Annum:</i>	

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

### 6.3 Demonstration of Past Performance | Referee Reports

#### 6.3.1 Financial Stability

The Respondent must show their capacity to pay the specified rental amount. List below your proposed annual rental amount inclusive of GST.

<i>Rental Fees do not include utility costs and telephone usage</i>	Annual Fee Range
Asking Rental for Non for profit community Groups.	\$282.50 - \$10,000 per annum
Commercial Business	\$15,600

The Respondent shall also outline the following:

<i>The key inputs that determined your proposed rental proposal:</i>
<i>Any other financial considerations such as sponsorship that may impact on the proposed rental price</i>

**THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI**

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Position of Authoriser: \_\_\_\_\_

Dated on this day: \_\_\_\_\_



Annual Turnover – Actuals for Past 3 Financial Years			
Year Ending	30/06/2018	30/06/2019	30/06/2020
Amount	\$	\$	\$
Annual Turnover – Projections for Next 3 Financial Years.			
Year Ending	30/06/2021	30/06/2022	30/06/2023
Amount	\$	\$	\$

**6.3.2 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.

<i>Accountant</i>	Company Name:	
	Contact Name:	
	Job Title:	
	Contact Phone/Email:	
	Services Provided:	

<i>Bank Manager</i>	Company Name:	
	Contact Name:	
	Job Title:	
	Contact Phone/Email:	
	Services Provided:	

<i>Department contact in regards to service provided</i>	Department Name:	
	Contact Name:	
	Job Title:	
	Contact Phone/Email:	
	Services Provided:	

<i>Department contact in regards to service provided</i>	Department Name:	
	Contact Name:	
	Job Title:	
	Contact Phone/Email:	
	Services Provided:	

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

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

**6.4 Organisation or Group Structure**

**6.4.1 Organisation or Group Incorporation**

Please provide information as relevant to your organisation or group.

<i>Date of Incorporation:</i>	
<i>Place of Incorporation:</i>	

<i>List Name/s of Organisation or Group Officers bearers (Directors, Secretaries, Managers, President, Secretary etc. r (as appropriate):</i>			
<i>Office Holders</i>	<i>Name</i>	<i>Position</i>	
Office Holder 1:			
Office Holder 2:			
Office Holder 3:			

<i>List Parent, Subsidiary and Associated Organisations or Groups if applicable:</i>			
<i>Company</i>	<i>Name</i>	<i>Relationship</i>	<i>ABN</i>
Organisation/Group 1:			
Organisation/Group 2:			
Organisation/Group 3:			

Please attach a copy of your Organisation or Group chart.

**THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI**

**PROPONENT'S NAME:**

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

**6.5 Commitment to Quality**

<i>Do you have a Quality Management Plan?</i>		YES / NO
<i>If yes, does this system meet the requirements of AS/NZS ISO 9001 or 9002?</i>		YES / NO
<i>If yes, is your quality management system certified by an accredited body? If so, please supply the following details:</i>	Registration Number:	
	Name of Certifying Body:	
Provide a brief outline below of your Organisation or Group's QA and Quality Control procedures. Attach additional documentation if necessary.		

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

**7 Community Benefit**

**7.1.1 Services and Benefit to the Community**

Please provide in the tabulated format below the Services that you plan to run out of 3420 Warburton Hwy, Warburton and the benefit these services will provide to the community.

Service	Description of Service and benefit to the Community

What are your proposed days and times for these services?

Service	Day	Time

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser:

Printed Name of Signatory:

Position of Authoriser:

Dated on this day:

**7.2 Proposed Operating Structure & On-Site resourcing**

Please provide in the tabulated format below details of key personnel that will be utilising 3420 Warburton Hwy, Warburton and their benefit to the community.

*Add additional rows as required.*

<i>Name – Key Personnel 1:</i>	Position:	Benefit to the Community
	Qualifications:	
	Experience:	

<i>Name – Key Personnel 2:</i>	Position:	Benefit to the Community
	Qualifications:	
	Experience:	

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

### 7.3 Proposed Operating Hours

*Describe how you would manage opening 3420 Warburton Hwy, Warburton, outlining the estimated opening hours :*

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser:

Printed Name of Signatory:

Position of Authoriser:

Dated on this day:

**7.4 Promotions Plan**

*Please detail your proposed promotions plan informing the Community of your location and the services provided. Attach examples if required.*

**8 INSURANCES**

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

<i>Policy</i>	<i>Policy Number</i>	<i>Expiry Date</i>	<i>Policy Cover \$</i>
<i>WorkCover</i>			
<i>Public &amp; Products Liability Insurance</i>			

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_ Printed Name of Signatory: \_\_\_\_\_  
 Position of Authoriser: \_\_\_\_\_ Dated on this day: \_\_\_\_\_

## 9 STATEMENT OF COMPLIANCE

The Respondent is to complete this Statement in order to clarify which Conditions of Contract 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.

### 9.1 Lease Agreement

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

As 3420 Warburton Hwy Warburton is located on Crown Land, the Lease Document is the Standard Section 17D Crown Land (Reserves) Act 1978 Lease (Retail). Council must request Grant and Purpose Approval for the chosen Tenant and the permitted use of the land from the Department of Environment, Land, Water and Planning. The Permitted Use must not be detrimental to the Reservation of the Crown Land.

#### 9.1.1 Compliance

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

Each Respondent shall submit a tabulated statement as per table below specifying its compliance with each clause of the proposed Lease Agreement. The following definitions are to be used when preparing this statement of compliance:

- Complies: means that the Respondent accepts the contractual provision in every respect, including the drafting
- Does Not Comply: means that the Respondent does not accept the contractual provisions

#### 9.1.2 Non-Compliance

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

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

The Respondent MUST NOT:

- Reproduce the Lease Agreement/s 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

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Position of Authoriser: \_\_\_\_\_

Dated on this day: \_\_\_\_\_



<i>Clause</i>	<i>Complies   Does Not Comply</i>	<i>Reasons for Non-Compliance   Proposed Amendments</i>
i.e.[All Clauses]	i.e. [Complies]	i.e. [n/a]

## 10 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.

### 10.1 Addendum Table

<i>Addendum Number</i>	<i>Brief Description</i>	<i>Date Received</i>
	Council's Standard Lease Document	

THIS PROFORMA MUST BE COMPLETED AND SUBMITTED WITH THE EOI

**PROPONENT'S NAME:**

Signature of Authoriser: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Position of Authoriser: \_\_\_\_\_

Dated on this day: \_\_\_\_\_



