



Neighbourhood Facilities Application Form

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by an organisation applying for a Neighbourhood Facility. Please return this form to the District Director of the relevant district office of the Department of Family and Community Services (FACS). For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week.

What is a Neighbourhood Facility?

A Neighbourhood facility is a property, or part of a property, owned by FACS, which may be leased to a Community organisation so that it may run programs and/or deliver services which are for the benefit of the community.

Eligibility

In order to have an application considered by FACS, organisations must be able to demonstrate that:

- It is a non profit legal entity, such as an incorporated association, a company limited by guarantee, a co-operative, or a local council;
- It has the funds and expertise to manage and operate the service which it wants to run from the facility;
- The service will be community managed and/or have a high level of community input to its establishment and ongoing management.

In addition, the service may need to meet criteria for neighbourhood facilities identified by the relevant regional office. In considering your application FACS will want to know about the management structure of the service, about the program you wish to run from a neighbourhood facility, who the program will target, whether or not it will benefit FACS tenants and the type of facility you require.

If you wish, you may attach additional information to your application form.

General organisation/service details

Name of organisation (registered name)

Status of organisation

(e.g. co-operative, incorporated association, etc)

Contact Details

Phone

Fax

Email

Postal address

Unit /House number

Street

Town/suburb

Postcode

1. What are the objectives of your organisation?

1. Does your organisation use any other FACS property? i.e. another neighbourhood facility, under the Crisis Accommodation Program (CAP), etc

Yes

No

Provide details below
(Including the address, what service is run from the premises, rental/lease agreement, etc)

Address of property	Program	Organisation (Public housing, OCH, AHO)

Purpose

2. What type of service would you like to operate from the facility?

Include the service description and the target group. Please indicate the area covered by the proposed service, i.e. immediate neighbourhood, broader community, state-wide etc.

Description of service	
Catchment area	
Target group/s for this service	

3. Will this proposed service meet an identified community need?

Yes

No

Provide details and evidence of need below

4. Have tenants/residents of the area been consulted in regard to this proposed service?

Yes

No

Provide details of consultations and attach any additional documentation if relevant

5. Will you be providing a service to FACS tenants?

Yes

No

Please indicate how the service will benefit tenants, where the tenants will come from, and percentage of tenants you anticipate will use the service

6. What level of community input does your organisation have in the establishment and operation of the service you wish to run from the facility?

7. Is there community representation on the Management Board or the management of the service?

Yes

No

8. What type of premise is required by your organisation?

Funding

9. Does your organisation currently receive funding to operate the service?

Yes

No

Provide name of the funding body below

Name of the funding body

10. Under which funding program are the funds being made available?

Name of the program

11. Has an amount been made available for rent?

Yes

No

Provide details about the length of time the funding has been granted for i.e. one year, three years etc.

Provide details about how do you propose to meet obligations and other expenses related to the service

12. Has your organisation been leasing accommodation in the private market ? (for the purpose for which you are currently seeking FACS accommodation)

Yes

No

13. FACS may wish to contact your current funding provider. Please provide details of your funding provider

Name of the funding body

Contact name

Contact telephone number

14. Please attach copies of the organisation's most recent Annual Report and Audited Financial Statement

Name (please print)

Position held

Signature

Date of request