# **Call for Submissions** from Community Housing Providers (CFS-CHP)

# **Part 2 Submission Forms**

(Last Updated 23 May 2024)

Instructions:

* Complete each section in full, including notation where items are not applicable.
* Ensure that Section B – Submission Summary is answered briefly, focusing on details and facts rather than justification or explanation.
* Where project details or other data points are not known or finalised yet, provide a best estimate based on available information and indicate accordingly.
* Attachments are permitted where submission details require them, such as an extensive list of affected lots. Ensure any attachments are referenced and clearly marked.
* Ensure the completed Submission Form is included as part of your Submission.

## Section A – Respondent Details

## **A1. PRIMARY RESPONDENT DETAILS**

|  |  |
| --- | --- |
| Legal Entity Name: | Click or tap here to enter text. |
|  |
| Trading as (if different from above): | Click or tap here to enter text. |
|  |
| ABN or IBN: |  Click or tap here to enter text. |
|  |
| Mailing address: | Click or tap here to enter text. |

## **A2. PRIMARY RESPONDENT’S REPRESENTATIVE**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
|  |
| Honorific Title (e.g., Ms/Mr /Mx/Dr): | Click or tap here to enter text. |
|  |
| Position Title: | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
|  |
| Email address: | Click or tap here to enter text. |

## **A3. ALTERNATE PRIMARY RESPONDENT REPRESENTATIVE**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
|  |
| Honorific Title (e.g., Ms/Mr /Mx/Dr): | Click or tap here to enter text. |
|  |
| Position Title: | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
|  |
| Email address: | Click or tap here to enter text. |

## **A4. DETAILS OF ANY OTHER PARTY (I.E., JOINT SUBMISSION OR OTHER KEY PARTY)**

Please provide details of any other party involved in the Submission, including a summary of their role and the relationship between parties:

|  |
| --- |
| Click or tap here to enter text. |

## Section B – Submission Summary

## **B1. MANDATORY EARLY ENGAGEMENT AND COLLABORATION**

Confirm that Communities has been engaged for early discussions with the Respondent and has agreed with the lodgement of a Submission based on the project parameters agreed upon during the mandatory early engagement and collaboration phase.

Yes [ ]  No [ ]

## **B2. AFFECTED LAND**

List the affected landholdings, providing key details such as address, lot number, ownership, and existing use and/or development:

|  |
| --- |
| Click or tap here to enter text. |

## **B3. PRIMARY CONSTRAINTS**

Summarise any significant constraints that may impact the development of the affected land, including environmental, planning, or infrastructure constraints:

|  |
| --- |
| Click or tap here to enter text. |

## **B4. KEY PROJECT DETAILS**

Summarise the nature and scale of the proposed development, including the scale and nature of the Community Housing.

|  |
| --- |
| Click or tap here to enter text. |

## **B5. KEY REQUEST AND SUPPORT DETAILS**

Clearly outline the specific actions or support being requested from Communities and describe the proposed role of the Respondent.

|  |
| --- |
| Click or tap here to enter text. |

## **B6. SUSTAINABILITY DETAILS**

Clearly outline sustainability measures that are being proposed for the development or refurbishment, including thermal performance rating, renewable energy supply, water efficiency, waste minimisation, net zero construction etc. Or otherwise provide rational for not including sustainability considerations.

|  |
| --- |
| Click or tap here to enter text. |

## Section C – Respondent’s Acknowledgement and Certification

**C1. Acknowledgement**

I/we have read, understood and accept the material contained in these Guidelines including but not limited to the Conditions of Submission, Terms and Conditions and Media Protocols.

Yes [ ]  No [ ]

I/We have read and understood the Department of Communities Employee Code of Conduct and am aware of employees’ accountabilities.

Yes [ ]  No [ ]

I/We have read and understood the Department of Communities Statement of Business Ethics.

Yes [ ]  No [ ]

**C2. Certification**

This Submission is signed by a person or persons duly authorised on the Respondent's behalf.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature 1: |  | Witness Signature 1: |  |
|  |
| Full Name and Title 1: | Click or tap here to enter text. | Witness Full Name and Title 1: | Click or tap here to enter text. |
|  |
| Date:  | Click or tap to enter a date. | Date: | Click or tap to enter a date. |
|  |
| Signature 2: |  | Witness Signature 2: |  |
|  |
| Full Name and Title 2: | Click or tap here to enter text. | Witness Full Name and Title 2: | Click or tap here to enter text. |
|  |
| Date:  | Click or tap to enter a date. | Date: | Click or tap to enter a date. |

## Section D – Submission Checklist

**The following list should be considered, completed, and provided in the Submission:**

CFS-CHP Submission Form: [ ]

Project Explanation Report addressing the Project Evaluation Criteria: [ ]

Supporting information and material accompanying the Project Explanation Report: [ ]

List any attachments:

|  |
| --- |
| Click or tap here to enter text. |

Additional information as advised by Communities: [ ]

Summarise additional items or matters addressed, including if contained into the Project Explanation Report:

|  |
| --- |
| Click or tap here to enter text. |