



NON-GOVERNMENT ORGANISATION (NGO) REGISTRATION OF INTEREST

Location Requested:		<p>To be eligible, organisations need to satisfy all of the following criteria:</p> <p>A registered not-for-profit Non-Government Organisation <input type="checkbox"/></p> <p>Enter Registration No: _____</p> <p>Contracted and funded by the State Government <input type="checkbox"/></p> <p>Generating local employment for at least 1 full time position (minimum 30 hrs per week) <input type="checkbox"/></p> <p>Providing services to the broader community (not primarily to the resource sector) <input type="checkbox"/></p>
TOWN	NO.	

ORGANISATION DETAILS	
Name:	
Address:	
Contact Name:	Phone Number:
Total number of employees:	Number of employees in requested location:
Please provide a brief description of the services provided by your agency in the location requested and the intended target group:	

CONTRACT DETAILS - Please attach documentation that provides evidence of your current contract.	
Name of contracting State Government Agency:	
Name of Contract Manager:	
Term of current contract: yrs	Phone Number:
Number of service delivery hours per week:	Contract time remaining: yrs

CRITICALITY
Do other NGO's or Government Agencies provide the same or similar services in this location to the same target group? If YES please provide further detail below:
What will be the consequences to your organisation if access to housing is not provided for employees?

What would be the consequences to the community if your organisation was unable to deliver the funded services?

STRATEGIC IMPACT

Briefly describe the impact of your organisations services on the community in which it is based; and on the people (target group) that access and benefit from your services:

Please detail existing partnerships between your agency and other organisations within the local community:

RELATIVE NEED

Are there any other housing or housing funding options available to your agency (If yes please provide details)?

What are the risks associated with not providing housing to your agency?

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CERTIFICATION

I certify that the above information is true and correct. I understand that wilfully providing false information will jeopardise current and future applications.

I have read the Guidelines for NGO Housing and confirm that _____ (name of NGO) will meet the required financial obligations.

Name (agency representative):

Position:

Signature:

Date:

In the event that this form is completed by you electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form.

Please complete and submit this form electronically to NGOhousing@housing.wa.gov.au

Any queries regarding the completion or lodgement of this application form may be directed to 08 9286 6000 or NGOhousing@housing.wa.gov.au