



**COMMERCIAL LEASE FOR 110  
CHELMSFORD DRIVE  
METFORD, NSW**

**EXPRESSIONS OF INTEREST**

**PART 2**

**EXPRESSION OF INTEREST FORMS &  
SCHEDULES**

## **EXPRESSION OF INTEREST GUIDELINES FOR COMPLETING PART 2**

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The following Response Forms are provided as a guide for your response.

Respondents must note that all forms **MUST** be completed and submitted in the format provided. Where a response is not applicable, Tenderer should note “NA”.

Any answer of the type “Yes/No”, “Provided/Not Provided” or “Attached/Not Attached” requires the selected response to be highlighted.

Please use the spaces provided for any text-based answers and expand the space as necessary. Where a Respondent requires more space to provide an answer, they must attach additional relevant documents or pages in the section or reference to an attachment if a larger document is required. MCC prefers responses in each section be limited to less than 500 words.

## 1.0. RESPONSE FORM 1 – GENERAL RESPONDENT DETAILS

### 1.1. SIGNATORY DETAILS

Signature of Authoriser:	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

### 1.2. RESPONDENT DETAILS

Respondent Legal Name:	
Trading Name:	
ACN (if applicable):	
ABN:	
Registered Address:	
Place of Business Address:	
Company Website	

### 1.3. REPRESENTATIVE DETAILS FOR THIS EOI

Contact Name for this Submission:	
Company Position/Role:	
Email Address:	
Mobile Number:	
Phone Number – Direct Line:	
Postal Address for Correspondence:	

**1.4. ADDITIONAL COMPANY INFORMATION – LEGAL PROCEEDINGS**

Are you or any of your directors or close associates currently, or in the past five years, been the subject of any, or any pending:

Legal proceedings, including winding up or bankruptcy proceedings	YES	NO
Insolvency administrations or investigations	YES	NO
Investigations by ICAC or any other similar public body, including findings of dishonest, unfair and unconscionable conduct	YES	NO

Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

## 2.0. RESPONSE FORM 2 – BUSINESS OPERATIONS

### 2.1. MANAGEMENT STRUCTURE FOR THIS CONTRACT

Respondents are required to provide their proposed management structure, detailing:

- Key staff roles;
- Functional reporting lines; and
- Relationships to support resources (e.g. sales and marketing).

Organisational Chart of Management Structure	Provided	Not Provided
Offsite Support Resources Explanations	Provided	Not Provided

### 2.2. STAFFING

#### 2.2.1. General Staffing

What is the total number of staff in your company?	
What is the ratio of permanent (full time and part time) to casual staff in your company?	
Do you have a casual pool of trained staff in the Maitland area or do you use an agency?	

### 2.3. KEY COMPANY PERSONNEL

Please provide the details of key specified staff who may become involved for this contract. MCC appreciates that not all these positions will be found in each organisation – only complete the applicable positions.

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

Position:		
Name:		
Number of years individual has worked at this level:		
Resume/CV (abbreviated acceptable)	Attached	Not Attached

**2.4. CONTRACT CONTROL AND REPORTING**

Respondents are required to detail an example of their Controls and Reporting systems. MCC does not want a copy of all your reports and system of controls, but an example of what will be present and how they work. This may be illustrated via the provision of a Table of Contents from an internal accounting or operations manual, or a sample of the forms and processes undertaken for Function Sales, Co-ordination and Billing, or a template for Monthly Reporting and Account Reconciliation to MCC.

Provided	Not Provided
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Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

### 3.0. RESPONSE FORM 3 – EXPERIENCE AND CAPABILITY

#### 3.1. BUSINESS HISTORY AND EXPERIENCE

Respondents are required to provide the following		
Industry Expertise and Business History Brief Outline	Attached	Not Attached
Description of your experience and capability as demonstrated appropriate to:		
<ul style="list-style-type: none"> <li>Public Buildings</li> </ul>	Attached	Not Attached
Respondents may attach additional information relating to its business activities in support of your submission	Attached	Not Attached

Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	



## 4.0. RESPONSE FORM 4 – OPERATIONAL AND FINANCIAL CAPACITY

### 4.1. CURRENT SITES

Please provide below a list of all sites and operations at which the Respondent presently operates indicating the site, the nature of the relationship, the style of offer and the length of tenure.

Site/Company	Services Offered	Relationship	Commencement Date & Expiry of Current Term	Number of Years at the Site

What impact will these contracts have on your capacity to provide the services required to MCC for the Term?

Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

## 5.0. RESPONSE FORM 5 –CONCEPTUAL

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### 5.1. CONCEPT PLAN

MCC needs to understand the proposed use of 110 Chelmsford Drive. Please provide details about the intended use of the space.

Proposed use and purpose

### 5.2. FITOUT

MCC wants to understand the proposed alterations to fitout that the Respondent envisages.

Proposed alterations to Fitout

Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

## 6.0 RESPONSE FORM 6 – CONTRACT TERMS

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### 6.1 CONFIRMATION OF TERM

Please confirm your acknowledgment of the Term here.

We acknowledge that the Initial Term will be for five (5) years with an option for a further five (5) years at MCC discretion.	YES	NO
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Signature of Authoriser:	
<i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	



Attachment Number	Form Identification	Title/Description

Signature of Authoriser: <i>(Scanned signature acceptable)</i>	
Printed Name of Signatory:	
Company Position/Role:	
Date:	

## 8.0 SCHEDULE 1 – EOI SUBMISSION FORM

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The party/parties [*delete whichever is not applicable*] specified below hereby submit the following offer for the provision of EOI for Commercial Lease for 110 Chelmsford Drive situated at Metford in accordance with the invitation dated September 2024.

Name of Respondent: \_\_\_\_\_

Address of Respondent: \_\_\_\_\_

\_\_\_\_\_

ABN of Respondent: \_\_\_\_\_

The Respondent warrants that it has not submitted this EOI as an agent for a third party or as a trustee of a trust.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 2024

**EXECUTED** by \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_