

Market Led Proposals Form

APPLICATION FORM

Applicant Details

Applicant (company or consortium name)			
Legal names			
Contact Person			
Postal Address			
Street Address			
Telephone		Email:	

Proposal Details

Title	
Description	
The objectives of the proposal	
The method of the approach	
The nature and extent of expected outcomes	
The benefits that the proposal will deliver for Council	

Assessment Criteria – detailed in Clause 3.5 Market Led proposal Procedure 1.51.2

No Competing Proposals	
Community need/Council priority	
Innovative	
Value for money	
Capacity and capability of proponent	

Financial and Commercial Details

A proponent should provide a brief description of the financial and commercial details of the proposal and the proponent's financial capacity to deliver the proposal.	
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Cost and Requirements of the Council

A proponent should identify what they are seeking for the Council proposal. This may include; • Land • Use of assets, facilities, equipment, materials, personnel, or other resources • Finance	
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- Assistance to obtain statutory approvals or legislative, or regulatory amendments

Risks

Proponents should list risks arising from the proposal for the proponent and the Council

Intellectual Property

Proponents should provide a brief description of;

- Each item of intellectual property involved in the proposal
- The nature of any intellectual property claimed
- Registration details (where applicable)
- Details of any items for which commercial confidentiality is claimed in whole or part

Other Information

A proponent may provide any other information that is relevant to its proposal for Stage 1 assessment

Council Contact Details

A proponent should provide details of any person at the Council who has already been contacted regarding the proposal

Proposed Duration

Period in which the proposal is valid (minimum of six months)

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Acknowledgement and undertaking

The proposal is to be signed by a representative of the proponent who is authorised to represent and contractually bind the proponent

Name	
Position	
Signature	
Date	