

Community Housing Partnership Project (CHPP) - Expression of Interest 2025-2030

Form Preview

Introduction

What is the Community Housing Partnership Project?

The Community Housing Partnership Project's (CHPP) primary purpose is to provide temporary accommodation for people experiencing homelessness, or those at risk of homelessness.

CHPP achieves this by utilising properties that are either resumed or held by Council for future infrastructure works, and transfers the management of these properties to eligible CHPP Housing Providers.

Since the inception of CHPP in 2003, tenancies have included homeless rough sleepers, people with disabilities, women and children escaping domestic violence and First Nations people.

Closing Date

The closing date for the Community Housing Partnership Project, Expression of Interest, is:

Midnight, 8 November 2024

How to become a CHPP Housing Provider

Council provides an opportunity for social housing providers across Brisbane to apply to be a CHPP housing provider through an Expression of Interest (EOI) process.

Social Housing providers, interested in being a CHPP housing provider from 2025 - 2030, are invited to submit an EOI application to lease a CHPP property/properties from Council.

To be eligible as a CHPP housing provider, organisations must be a registered provider under the National Regulatory System for Community Housing (as required by the Department of Housing, Local Government, Planning and Public Works or be an ancillary provider receiving funding to provide the Crisis Accommodation Program (CAP) and Specialist Homelessness Services (SHS).

Applicant Details

* indicates a required field

Please read the [guidelines](#) carefully before completing this application. There are important criteria that are contained in the guidelines and your application will be assessed against these criteria.

Please note that most fields in this form are mandatory and if not completed, your form will not be able to be submitted. An error message will highlight which fields require completion.

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Have you read the Guidelines? *

- ☐ Yes
☐ No

Applicant Details

Organisation *

Organisation Name

Official entity, group or organisation name (no acronyms). Name should match 'Entity name' in ABN details (page 3 of this form)

Contact Person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact's Position *

Phone Number *

Please use standard format, eg (07) 3403 8888

Alternative or Mobile Phone Number *

Please use standard format, e.g. (0400) 000 000

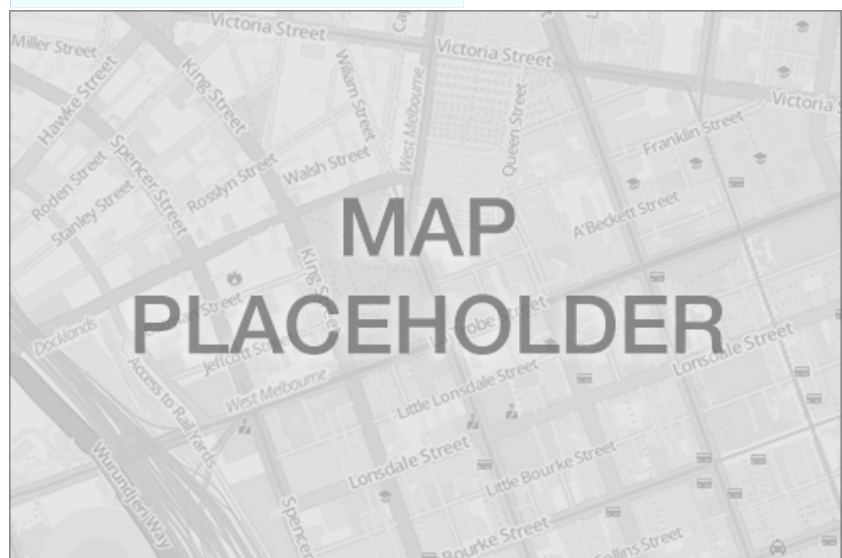
Email Address *

Please use a generic email address (e.g. enquiries@example.com)

Organisation Address *

Address

<input type="text"/>
<input type="text"/>



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Mailing Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Financial, Insurance and Banking Details

* indicates a required field

Organisation Accreditation

What is the status of your not-for-profit organisation? *

- ☐ Registered
☐ CAP and SHS Funded (ancillary provider)

Attach Accreditation and relevant information *

Attach a file:

Does your organisation have an ABN? *

- ☐ Yes
☐ No

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Financial Statement

Please attach your latest Annual Financial Statement with other financial documentation below (as required to be lodged with the Chief Executive in accordance with the Association Incorporation Act 1981)

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Attach latest Annual Financial Statement *

Attach a file:

Insurance - Certificate of Currency

Applicant organisations (or their sponsor) **must** keep and maintain adequate insurance including public liability insurance, with a reputable insurer, in relation to all activities carried out by the Applicant, including in relation to this project, against any claims for loss or damage to property and injury or death to persons.

Does your organisation (or your sponsor) have current public liability cover to the value of \$20M? *

- ☐ Yes
☐ No

If Yes, attach a copy of the current certificate (must show amount insured, data and details of coverage etc)

Attach Public Liability Insurance Certificate *

Attach a file:

Date of expiry of insurance cover *

Must be a date.

General Information

* indicates a required field

What cohort does your organisation primarily support? *

Word count:

Must be no more than 100 words.

E.g. Homeless, Disability, Low Income, First Nations people, CALD

What type of tenancy services does your organisation provide? *

Word count:

Must be no more than 100 words.

E.G: Crisis accommodation, Transitional

What geographical area does your housing service cover? *

Word count:

no more than 100 words

Please tick the Wards your housing service covers *

- ☐ Bracken ☐ Forest Lake ☐ Moorooka ☐ The Gabba
☐ Calamvale ☐ Hamilton ☐ Morningside ☐ The Gap

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- | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Central | <input type="checkbox"/> Holland Park | <input type="checkbox"/> Northgate | <input type="checkbox"/> Walter Taylor |
| <input type="checkbox"/> Chandler | <input type="checkbox"/> Jamboree | <input type="checkbox"/> Paddington | <input type="checkbox"/> Wynnum Manly |
| <input type="checkbox"/> Coorparoo | <input type="checkbox"/> MacGregor | <input type="checkbox"/> Pullenvale | <input type="checkbox"/> Citywide |
| <input type="checkbox"/> Deagon | <input type="checkbox"/> Marchant | <input type="checkbox"/> Runcorn | <input type="checkbox"/> Outside Brisbane Local Government Area |
| <input type="checkbox"/> Doboy | <input type="checkbox"/> McDowall | <input type="checkbox"/> Tennyson | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Enoggera | | | |

If you are unsure what Council Ward your organisation is in please visit the website of the [Electoral Commission Queensland](#) online search tool.

Selection Criteria

Criterion 1 - Please provide examples demonstrating your success working in partnership with support agencies to successfully manage tenancies for people eligible for social housing. *

Word count:

Must be no more than 500 words.

Please attach support documentation relating to partnerships and MOU's *

Attach a file:

Criterion 2 - What assessment process does your organisation undertake when interviewing potential social housing tenants? Please provide a detailed explanation demonstrating your experience and success in developing support plans, including the information you include in your support plans *

Word count:

Must be no more than 500 words.

Please attach example assessment form and support plan *

Attach a file:

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Criterion 3 - What support/assistance does your organisation (in partnership with other support agencies) provide to assist tenants transitioning from short term accommodation into longer term/sustainable accommodation? *

Word count:
Must be no more than 500 words.

Please provide details of a recent case demonstrating your success in supporting a tenant transition into longer term/sustainable accommodation (please ensure the tenant details are deidentified) *

Word count:
Must be no more than 500 words.

Criterion 4 - Please demonstrate your organisation's experience with successfully managing property maintenance at properties and what processes your organisation undertakes to manage responsive maintenance? *

Word count:
Must be no more than 500 words.

Please attach an example of a property maintenance plan that your organisation has implemented *

Attach a file:

Required Documentation

* indicates a required field

Applicants must provide the following evidence:

(i) Current registration as a Community or Social Housing Provider with the Department of Housing, Local

Attach a file:

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Government, Planning and Public Works *

(ii) Evidence of accreditation under the National Community Housing standards or evidence of CAP and SHS funding (Ancillary provider) *

Attach a file:

Certification

* indicates a required field

Checklist

Please ensure -

- ☐ Evidence of current registration as a Community/Social housing provider or evidence of compliance as a CAP and SHS provider with the Department of Housing, Local Government, Planning and Public Works
- ☐ Evidence of Accreditation under the National Community Housing Standards or evidence of CAP and SHS funding (Ancillary provider)
- ☐ Copies of Partnership Agreements or Memorandum of Understandings with Support Agencies
- ☐ Application certified by Chairperson

Certification

The following section confirms your organisation's endorsement of this application. It should be completed by the Chair, President or Chief Executive.

By certifying this endorsement the applicant organisation agrees that the application submitted complies with the guidelines outlined in this form

Name and Position of Approving Officer *

President, Chair, Secretary etc

Date of authorisation *

A letter of endorsement from the Chairperson is to be attached here. *

Attach a file: