***Get Playing* *Places and Spaces***

**Letter of Commitment for (*Insert name of Council) for (Insert name of organisation)***

This letter is to confirm Council’s commitment for thisapplication for funding through the Department of Housing and Public Works, Sport and Recreation, *Get Playing Places and Spaces* program. Council recognises the need for ***(insert project description)***.

Statement of Support:

|  |
| --- |
| Councilendorses the following information with respect to the proposed project; |
| ***Lease / Right to Occupy (where Council owns/manages the land)*** |
| The organisationhas a minimum three year (from 1 January 2019) lease or right to occupy over the proposed project site: | Yes[ ]  No[ ] Lot      Plan      |
|  |
| Council anticipates it will renew the organisation’s lease/right to occupy: | Yes[ ]   | No[ ]  |
| The proposed project does not require an amendment to the existing lease/right to occupy: | Yes[ ]   | No[ ]  |
| ***Permission to Build / Development and Building Approval***  |
| The organisationhas the permission of Council to undertake the project on Council land subject to the relevant Council approvals. | N/A[ ]  | Yes[ ]  | No[ ]  |
| If the proposed project is being constructed on Council land held in trust: |  |  |  |
| * The proposed project complies with the existing land management plan:
 | N/A[ ]  | Yes[ ]  | No[ ]  |
| * Development Approval is required for the proposed project:
 |  | Yes[ ]  | No[ ]  |
| * If Development Approval is required,the organisationhas discussed or has lodged a development application with Council:
 | N/A[ ]  | Yes[ ]  | No[ ]  |
| * If Development Approval is required, will the proposed project be assessed as: *(tick one only)*
 |  |  |  |
| * + *Self-assessable*
	+ *Code assessable*
	+ *Impact assessable*
 |  | [ ] [ ] [ ]  |  |
| * Building Approval is required before the project can proceed to construction:
 |  | Yes[ ]  | No[ ]  |
| ***Funding Contribution*** |
| Council’s financial contribution to the project is:  | $      |
| * Evidence of Council’s financial contribution is attached:
 | N/A[ ]  | Yes[ ]  | No[ ]  |

I acknowledge I have the delegated authority to confirm the information provided.

***Signature:…………………………………………………………………………………….. Date:***

***(Insert name of Council officer)***

***CEO / CFO / Director***

**(*Insert name of Council)***

***(Insert contact no. of Council officer)***.

*Last updated 03/07/2017.*