



COMMUNITY ASSET TRANSFER

Stage 2
Application Form

SECTION A

About You and Your Organisation

1. Please provide the details of the organisation making the application

Name of Organisation

Address of Organisation
including postcode

Telephone Number

Fax Number

E-Mail Address

2. Please provide details of the contact person in relation to this application

Full Name

Position in Organisation

Contact Address (if
different from above)

Telephone Number

Fax Number

E-mail address

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3. Please describe the legal status of the organisation

What type of organisation are you?

If you are a partnership please provide details of all the partners involved.

Does the Organisation have a written Constitution (Yes/No)?

When was the organisation established?

Does the organisation produce an annual report on its activities (Yes/No)?

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4. Please give details of the organisation's structure

Please identify current Board / Management Committee / Trustees / Directors and Chair

How often does the governing body meet?

Please identify how many people are:-

Full-Time Staff

Part Time Staff

Volunteers

5. Please give details of the organisations main purpose and current activities

Briefly describe your organisations main aims and objectives

What are the current services provided by the organisation?

Does the organisation have previous experience of managing an asset?

If yes please provide details.

Please provide details of the current financial position of the organisation including a copy of the audited annual accounts for the past three years.

SECTION B

Your Project

6. Please provide details of the asset (building or land) you are interested in (name, address etc).

7. Will any modifications need to be made to the asset to make it suitable for your purposes? If yes, please describe these modifications

8. Please provide details of any service you wish to take over from the Council

9. Please describe how you will use the asset. If the asset is to be used by the general public please provide details of lettings policies and opening times. Please describe what provisions will be provided for people with disabilities

10. What charges will there be to use the asset, i.e. entry/hire fees etc?

11. What is the catchment area for the project? What population will the asset serve?

12. Please provide details of how the wider community and service users will be involved in running the project

13. Please explain how the use of the asset will benefit the local community e.g.:-

Employment Opportunities	
Income generation	
Training Opportunities	
Environmental benefits	
Quality of life benefits	
Community Safety	
Meets an existing need resulting from lack of local service	
Others (please specify)	

14. Please describe the type of transfer you are looking for. If leasehold please indicate desired lease term.

15. Please give details of the person who will be responsible for managing the project

What arrangements will be put in place for monitoring, reporting, administration and financial management of the project?

16. Please give details of which key stakeholders were consulted, method of consultation and the support shown for the project

Stakeholder Group	Method of Consultation	Overall support for project
Current asset users		
Local community		
Elected members		
Other local community groups		
Others (Please specify)		

17. Timescales – please provide indicative timescales for when you would hope the project was up and running



SECTION C

External Funding

18. What funding have you obtained so far?

Funding Source	Date of Application	Amount

19. What funding have you applied for but are still awaiting a response on?

Funding Source	Date of Application	Amount



20. Provide details of any other sources of funding you might have access to, i.e. voluntary donations, borrowing etc.

SECTION D

Support Required from the Council

21. Provide details of the type of financial or officer support that you will require from the Council.

Transfer below full consideration (indicate the level of discount required from the full market value of the asset – either sale price or rental)

Help with the costs of the application such as legal fees, survey fees, etc (indicate costs and reason)

Capital Grant (indicate size and reason)

On going revenue support (amount and expected duration of support)

On-going Officer support (such as business advice, property advice etc) (Please specify)

SECTION E

Income Projections

22. Financial Information. Please provide a breakdown of costs and income for the first three years of the project

Year 1

Start up costs (Specify)

Running Costs Years 1 – 3 (provide breakdown for each year)

Salary costs for staff

Breakdown of overheads (Maintenance, heating, insurance, Council tax etc)

Income For Years 1 – 3 (provide breakdown for each year)

Trading activities

Fund raising activities

Support from Council or other sources

Other forms of income

Projected Profit/Loss for each year.

Year 1

Year 2

Year 3

Estimated time to break-even

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SECTION F

Management Issues

23. Marketing Plan

Please describe how you will market the services to be provided from the asset.

24. Management Plan For The Asset

Please provide information on how the asset will be managed to ensure overall compliance with statutory requirements and to ensure it remains fit for purpose.

25. Monitoring

Please describe how the project will be monitored and evaluated. Describe how this monitoring will be used to improve service delivery. Describe how the long term impact of the project will be evaluated.

26. Risk Analysis

Please identify the main risks to your project and the action you will take to mitigate their effect.

SECTION G

Declarations

On Behalf Of

(Enter Organisation Name)

I/We Declare That All The Information And Statements Contained Within This Application Are True

Primary Contact Name (Print)

Signature

Date

Chair Of Organisation Name
(Print)

Signature

Date

Please tick the box to confirm that the asset will NOT be operated as a commercial/private sector enterprise.

Completed applications should be sent to your **local Area Manager** and marked "**Community Asset Transfer**". Remember to include a copy of your Business Plan with your application and any other information you feel may be appropriate in support of your application.

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Contact addresses are listed below:-

KINCARDINE & MEARNES

William Munro
Area Manager
Viewmount
Arduthie Road
Stonehaven
AB39 2DQ

MARR

Janelle Clark
Area Manager
Alford Area Office
School Road
Alford
AB33 8TY

FORMARTINE

Elaine Brown
Area Manger
Formartine Area Office
29 Bridge Street
Ellon
AB41 9AA

GARIOCH

Douglas Milne
Area Manager
Gordon House
Blackhall Road
Inverurie
AB51 3WA

BUCHAN

Chris White
Area Manager
Arbuthnot House
Peterhead
AB42 1DA

BANFF & BUCHAN

Margaret-Jane Cardno
Area Manager
St Leonards
Sandyhill Road
Banff
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