

**COMMUNITY ASSET TRANSFER**

**EXPRESSION OF INTEREST FORM**

**This is the first stage of applying to Renfrewshire Council for** Community Asset Transfer which can be a full transfer of ownership, **, Short, Medium or Long-Term Lease or Transfer of Management Responsibilities under the Community Empowerment (Scotland) Act 2015.**

Applicants wishing to apply for an asset transfer under Renfrewshire Council’s Community Asset Transfer Policy are requested to complete this Expression of Interest Form as soon as possible after your group has identified that it wishes to make a request.

Completion of this form will enable discussions to take place at an early stage and for the Council to check your group’s eligibility and consider your request.

**PLEASE NOTE** Completion of this Form will be considered as a ***formal Expression of Interest*** in an Asset, however, it is **NOT** a full *Community Asset Transfer Application*. By accepting this Form, the Council is **NOT** agreeing to the transfer request or any other rights requested within the Expression of Interest Form.

Proposals that meet all of the eligibility criteria under the ACT, will be invited to complete a more detailed CAT Request Form and Business Proposal.

Please fill in all sections of the Form and write “Not Applicable” if a section does not apply to you.

Submit your completed Expression of Interest Form to: [**communityassettransfer@renfrewshire.gov.uk**](mailto:communityassettransfer@renfrewshire.gov.uk)**.**

You will receive an acknowledgment of receipt of your Expression of Interest within **5 working days** and formal feedback within **4 weeks**.

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| **Please read the Scottish Government** [Community Asset Transfer Guidance](https://www.gov.scot/policies/community-empowerment/asset-transfer/) and [Guidance for Community Transfer Bodies [874KB]](https://www.renfrewshire.gov.uk/media/13108/Guidance-for-Community-Transfer-Bodies/pdf/Guidance_for_Community_Transfer_Bodies.pdf?m=1610614946520) **in conjunction with Renfrewshire Council’s Asset Transfer Policy before completing this form.** |

**Complete all sections**

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| 1. **Please provide details of the Transfer Body making this request** | **Full Name of Organisation** |
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| **Address of Organisation** |
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| **Main Contact** *(Name of person to answer any questions regarding this Expression of Interest)* |
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| **Position within Organisation** |
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| **Contact Details – home address, telephone number, email** |
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| **Legally Responsible Person** *(Person who will accept responsibility in Law for the application on behalf of the organisation)* |
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| **Position within Organisation** |
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| **Contact Details – home address, telephone number, email** |
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We agree that correspondence in relation to this asset transfer request may be sent by email to the email addresses given above (Please tick to indicate agreement)

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| 1. **Structure and Purpose of the Organisation**   Please complete this section to tell us about your organisation and help us determine your eligibility to apply for a Community Asset Transfer | **Organisation’s legal structure** *(Please select which of these legal structures best describes your organisation)*.  To make an asset transfer request, your organisation needs to be a community transfer body. This is defined in section 77 of the Act. It can be either a **community controlled body** (defined in section 19) or a body **designated by the Scottish Ministers**. (See Section 5 of Scottish Government [Guidance](https://www.gov.scot/publications/asset-transfer-under-community-empowerment-scotland-act-2015-guidance-community-9781786527509/pages/5/) for Community Transfer Bodies). | | | | | | |
| **Unincorporated Association** | |  | | **Charity** | |  |
| **SCIO** | |  | | **Limited Company** | |  |
| **Community Benefit Society (BenCom)** | | | | | |  |
| **If Applicable, what is your Company or Charity Registration Number** | | | |  | | |
| **Please confirm that your organisation has a formal written constitution, governance documents or set of rules. Please attach a copy of these** **with this Expression of Interest.**  **If no, do you require support to develop these?** | | | | | | |
| **YES** |  | | **Copy Enclosed** | |  | |
| **NO** |  | | **Support Required** | |  | |
| **How many people are involved in your organisation?** Please complete below the numbers of people in each category; if not applicable to your organisation, write N/A. | | | | | | |
| **Full Members** | | | | | |  |
| **Management Committee** | | | | | |  |
| **Paid Full-time Staff** | | | | | |  |
| **Paid Part-time Staff** | | | | | |  |
| **Volunteers** | | | | | |  |
| **When was your organisation first established?** | | | | | | |
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| **What is the purpose and main objectives of your organisation?** | | | | | | |
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| **Please provide details of the Asset (building or land) that you are interested in; and the type of transfer being requested.**  Pease complete all sections; if not known, write this in the space provided.  **NOTE:**  To be considered for ***transfer of*** ***ownership***, you must be ***incorporated as a Company***, be a ***SCIO*** or a ***Community Benefit Company*** AND have ***no fewer*** than***20 Members,*** who are in control of your organisation. | **What is the name of the Asset** *(Building name if known, or name building is known by. If a land Asset, please specify the asset, or detail what the land is part of; e.g., “adjacent to ..” or “to the rear of..”)* |
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| **Location of the Asset** *(Postal address (preferred if known?, Grid Reference or What3Words)* |
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| **What type of transfer you are interested in** *(please select one of the following options)* |
| **Full ownership**  **Lease**  **Other Management Rights** |
| **If ownership, what terms do you wish to negotiate?**  *Please detail what you are willing to pay plus any other Terms and Conditions required* |
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| **If leasing, what length of lease is required?**  *Please also detail what you are willing to pay plus any other Terms and Conditions required* |
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| **If the request is for Other Rights, please specify the nature and extent of the rights sought.**  *Please also detail if you are proposing to pay for these rights, if so, how much are you proposing to pay? Any other Terms and Conditions required* |
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| **Is there any other organisation affected by the ownership of the asset?**  Add details including in relation to existing ownership/ leasehold arrangements / current lessees / other contractual arrangements or any funding associated with the asset where conditions on its use or ownership may apply. |
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| 1. **Please briefly set out the reasons for your interest in this asset; the purposes you would use the asset for; and the benefits you think the community would receive.** | **Why are you interested in this asset?** |
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| **What do you want the asset for?**  Briefly describe the types of activity or service that you will provide from the asset. Please also detail if there will be a charge for these services and if they are aimed at a specific group; limited to a particular area; or are for people with specific characteristics e.g., age, gender, race, disability. |
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| **What benefits will your service/activity bring to the local community?** |
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| **4. Declaration** | **Signature of the Transfer Body/Organisation making this request** | | | | |
| **Signature 1** |  | | **Print Name** |  |
| **Position** |  | | **Date** |  |
| **Signature 2** |  | | **Print Name** |  |
| **Position** |  | | **Date** |  |
| **Data Protection**  Enter standard Data Protection statement including how long we keep information, the purpose and how to ask for information to be removed | | | | | |
| **By ticking this box, you are agreeing to your information being gathered and processed as above:** | | | | | |
| Applicant Name: (please print) | | |  | | |
| Signature on behalf of the organisation | | |  | | |

**FOR INTERNAL USE ONLY**

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| **Date this Expression of Interest was received and by whom** | | | | | |
| Date Expression of Interest Received: |  | By: | *Enter Name and Position* | | |
| Acknowledgement Issued: |  | By: | *Enter Name and Position* | | |
| **The following services are to receive a copy of this Expression of Interest** (Tick all that apply; insert date sent, name of officer sent to and purpose i.e., what are you wanting the department to do) | | | | | |
| **Team** | **Date Sent** | **To**  *(Name )* | | **BY**  *(Name )* | **Purpose/Reason not sent** |
| **Chief Executive’s Services:** | | | | | |
| ¨ Estates Team |  |  | |  |  |
| ¨ Community Empowerment Team |  |  | |  |  |
| ¨ Economic Development (Social Enterprise) Team |  |  | |  |  |
| **Finance & Resources:** | | | | | |
| ¨ Head of Property Services |  |  | |  |  |
| o Head of Finance |  |  | |  |  |
| ¨ Head of Corporate Governance |  |  | |  |  |
| **Communities, Housing & Planning Services** | | | | | |
| o Head of Planning & Housing Services |  |  | |  |  |
| o Head of Communities and Public Protection |  |  | |  |  |
| o ECS Finance |  |  | |  |  |
| **Environment & Infrastructure** | | | | | |
| o Head of Facilities Management |  |  | |  |  |
| o Head of Amenity Services |  |  | |  |  |
| **Where the Asset is managed by a third party on the Council’s behalf:** | | | | | |
| o RenOne (RL) |  |  | |  |  |
| o Health and Social Care Partnership |  |  | |  |  |
| **All services are required to provide any information pertinent to the Request by close of business on: *insert date – not more than 4 weeks from date of receipt*** | | | | | |