## **Community Asset Transfer Scheme Application Form**



Please note, you can complete this form on your computer or alternatively, print and complete in black or blue ink.

Application ID							
(for official purposes only)							
Section 1. Eligibility							
1.1 Are you applying for a Community Empowerment (Scotland) Act 2015?	Asset Trans	fer (CAT) request under part five of the Community					
☐ YES ☐ NC	)						
1.2 In order for your application to be	eligible you m	nust meet all of the following criteria.					
form online (and the enclosures detail signed application form and an original	If you cannot tick all of these boxes we will be unable to progress your application. We will accept this form online (and the enclosures detailed in section 8) or by email but you must still submit an original signed application form and an original bank statement by the required deadline. Further detail on each question is available in the accompanying Community Asset Transfer (CAT) guidance.						
☐ I am applying on behalf of a non-profit group/organisation ☐ My Community Transfer Body has a bank account in its own name							
☐ My Community Transfer Body (CT constitutional document	B) has a	☐ This application will benefit people from East Dunbartonshire.					
	☐ I am applying on behalf of a community controlled body with at least 20 members ☐ I can submit all the necessary enclosures (see section 8)						
Section 2. Asset Details							
2.1 Name or location of asset							
2.2 Have you checked the Council ow Dunbartonshire Asset Register?	ns the asset	and that it is eligible for asset transfer via the East					
Yes No							
2.3 Please provide our asset reference number from the register:							
2.4 Type of asset transfer requested							
Lease (Term requested)	ŀ	Rent Offered					
Sale							

## Section 3. Contact Information

3.1 What is your Community Transfer Body (CTB) called? (Give the full name of your group/organisation).	
3.2 Contact person and role in	CTB. This should usually be the person that is submitting this roup. Please explain your role in the group (e.g. chair person,
Name	
Position	
3.3 Address  The address given will be used for correspondence regarding this application.	
3.4 & 3.5 Please give the prefequestions about your application	I erred day time phone number(s) and email address to reach you with on.
3.4 Phone	
3.5 Email	
Section 4 Community	Transfer Body Information
4.1 What does the CTB do? D	Transfer Body Information escribe your CTB overall aims and objectives. Tell us what your CTB arise the actual activities that your CTB undertakes.
4.1 What does the CTB do? D was set up to do and/or summa	rescribe your CTB overall aims and objectives. Tell us what your CTB arise the actual activities that your CTB undertakes.
4.1 What does the CTB do? D was set up to do and/or summa	escribe your CTB overall aims and objectives. Tell us what your CTB
4.1 What does the CTB do? D was set up to do and/or summa  4.2 Where does the CTB meet are delivered.	rescribe your CTB overall aims and objectives. Tell us what your CTB arise the actual activities that your CTB undertakes.

		APPENDIX 2
1.1 Please give details of any assets	your organisation currently owns, leas	as managas or utilisas
	set(s), whether you own, lease or man	
4.5 Does your constitution allow you	to:	
Take on the ownership of an asset?	Yes	☐ No
Employ Staff?	☐ Yes	☐ No
Fundraise?	Yes	□ No
4.6 Do you have agreement of your (	CTB to undertake an Asset Transfer?	
☐ Yes	☐ No	
Please submit six recent copies of m the minute of the agreement to under	inutes of your management committee rtake this CAT request.	identifying and including
Section 5. Financial Information 5.1 Please provide details of how you	ation ur community project will be funded in t	he short and long term
Outline details of any grant application	ons that are relevant to this CAT reques	st and, if these are not
	ormed of the outcome. Projects with ar business plan (and may be eligible for	•
All projects need to provide audited a	accounts for the past two years.	
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•	give details o st two years.		receive /	/ have received from	East	Dunbartonshire Council
Section 6	6. Partners	ship Working				
			rk collat	poratively and build p	artne	rships?
the partner	organisation(		ne main d	tnership application, contact name(s). If y		se give the name(s) of ve more than five
		Name of Organis	sation	Contact Name		Contact Details
Partner 1						
Partner 2						
Partner 3						
Partner 4						
Partner 5						
partners in t as East Dun	his bid. This bartonshire \	may include orgar Voluntary Action (	nisations EDVA), l	<u> </u>	ecialis Assoc	
	Name of Or	ganisation	Contac	t Name	Ту	pe of Advice / Support
1						
2						
3						
4						
5						
		s you have with E			Servic	es (if any) and detail

APPENDIX 2 Section 7. Details of Request for Community Asset Transfer 7.1 Why is your CTB requesting the ownership, lease or management of this asset? Do you have evidence of need for your proposal? What is the purpose and objectives of your community project? What benefits do you envisage and how would you measure if these have been achieved? 7.2 Does the identified asset have any Built and/or Natural Environmental designations located within or in close proximity to its boundaries? Please refer to Appendix 3 for additional information and if you are unsure please contact the Council Sustainability Team to ask. YES (complete Environmental Screening) ON 7.3 Will people use the asset or do people currently use the asset (this can include staff)? If you are unsure please contact the Council to ask.  $\Box$  NO YES (complete Equality Impact Assessment) 7.4 Have you received any legal, technical or professional advice on your proposals, including any risk assessments? Please give details of which organisations/services have provided the advice, and details of any expertise within your membership. 7.5 What are the main risks associated with your project and how do you plan to mitigate these?

ΠNο

No

7.6 Please outline if your organisation has a policy or procedure in regard to the following?

Yes

Yes

Child Protection

Vulnerable Adults

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Health and Safety	☐ Yes	☐ No
First Aid	☐ Yes	☐ No
Insurance (provide details below)	Yes	☐ No
	y alterations to the building or land? If s regarding 'Wider Sustainability Consid	-
Yes (please complete 7.8 a	and Environmental Screening)	No (please go to section 7.9
7.8 Please give details of the prop professional advice you have rece	posed alterations, and any technical, le eived regarding the alterations.	gal, planning or other
7.9 Please give details about who	will use the asset? Who are the existing	ng and target markets for
your proposal?		
	is facility will be of benefit to your CTB larger scale asset transfer request.	. A template business plan is
undertaken (including the method	munity? Detail results of community coology used, the results and the conclustation. Outline your knowledge of other	sions you are drawing from

APPENDIX 2

7.12 Please indicate which strategic objective(s) you will support and provide a brief statement detailing how you will achieve this:
conomic development regeneration public health social wellbeing or environmental wellbeing
whether agreeing to the request would be likely to reduce inequalities of outcome which result from socio-economic disadvantage
7.13 How will you fund the project and ensure its future sustainability? (This may include income generation through lettings, hire of facilities, charges, etc.).
7.14 Please demonstrate how your organisation has the capacity and experience to manage the facility. If your community project includes staff then please submit job descriptions for these staff outlining the required qualifications, experience and competences alongside rate of pay and how this will be paid.

## Section 8. Enclosures

Please check that you have enclosed all of the necessary documents. Failure to do so may cause delays with your application and result in your application not being processed.

	ally however we must have copies of the original signed se email these to <a href="mailto:assettransfer@eastdunbarton.gov.uk">assettransfer@eastdunbarton.gov.uk</a>					
8.1 Please ensure you include the following do	ocuments with your application.					
A copy of your CTB's constitution (if you are a new community group we can provide support with this).	A copy of your most recent audited accounts.					
Most recent original bank statement	Annual report of your CTB					
Six recent minutes of your organisational management meeting including the minute of the agreement to the CAT request	<ul><li>☐ Equality Impact Assessment (if applicable)</li><li>☐ Environmental Screening (if applicable)</li></ul>					
which details a financing plan for your proposa Business Gateway support.  If your CAT request involves staff you must sul	of over £10,000 you must also submit a business plan al. A template is provided and you may be eligible for bmit a job description for each post outlining the tences alongside rate of pay and how this will be paid.					
☐ Business Plan	A job description for each post (this helps us ascertain required skills and experience)					
person who has filled out this form. Signatory Secretary of your CTB. This signatory must be						
I confirm that I am allowed to submit this application h	pplication on behalf of my Community Transfer as been filled out accurately.					
Signatory 1						
Signatory 2						
Please send completed forms, attaching an	additional information to:					
Community Asset Transfer team East Dunbartonshire Council Southbank House Southbank Business Park Kirkintilloch G66 1XJ						
Tel: 0300 123 4510						
e-mail: AssetTransfer@eastdunbarton.gov.uk						

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Data	Prot	ection	Act '	1998
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The information provided on this form will be processed by *East Dunbartonshire Council* in accordance with the Data Protection Act 1998. The data you provide will be used for improving the administration of the Community Asset Transfer Scheme; consult with you; help promote your CTB; advise you of training opportunities; and keep you up to date with other news that may affect your group.

Your information may be shared with our colleagues in the Council and the voluntary sector. If you do not wish your group's details to be shared please tick this box.

## **Other Formats & Translations**

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。  $- \sqrt{19} \int_{-\infty}^{\infty} \sqrt{1} \int_{-\infty}^{\infty} \sqrt{19} \int_{-\infty}^{\infty}$ 

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 I23 4510 ਫ਼ੋਨ ਕਰੋ। Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 I23 4510 अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 I23 4510 पर फोन कीजिए।