

EXPRESSION OF INTEREST FORM FOR TRANSFER OF ASSETS FOR COMMUNITY USE

Please complete all elements of the form

A ABOUT YOUR ORGANISATION

1. Name of organisation

2. Contact Details

Main contact for this application – this must be someone who knows about your project

Title:	First Name:	Surname:
--------	-------------	----------

Is the above your: Organisation address Home address

3. Status of your Organisation

What type of organisation / group are you? Tick/fill in whichever boxes apply

Charity	<input type="checkbox"/>		<input type="text"/>
Community group/club/society	<input type="checkbox"/>	Town/Community Council	<input type="text"/>
Company Limited by guarantee	<input type="checkbox"/>	Company Reg. Number	<input type="text"/>
Community Interest Company	<input type="checkbox"/>	Other please give details	<input type="text"/>

4. When was your organisation set up?

Year

5. Governance

Does your organisation have a written constitution, governing document or set of rules?

Yes

No

comments

How many people are involved in your organisation?

Management committee

Paid staff full-time

Paid staff part-time

Volunteers

Please mark which of the following insurance cover your organisation holds (or plans to put in place) and provide levels?

Public Liability

Employer Liability

Professional Indemnity

6. What is the purpose and main aims of your organisation?

Please also provide any relevant background documents

B ABOUT YOUR PROPOSAL

7. Title of Project (please keep this short):

8. Please provide details of the asset (building or land) you are interested in (name, address etc).
It is essential that you clearly identify the asset – if you have plans or drawings please forward copies.

Or if no land or building has been identified – please provide details of requirements, including size and location:

9. Please state the length of lease required. *Please consider whether this meets the likely requirements of current or future grant funder(s).*

10. Please provide a brief description of your proposal, including the reason why you are applying for a council asset and what the intended use will be:

11. Please outline how the amenity or facility will be maintained after the project has been completed / land has been transferred:

--

12. How will the community benefit from the proposal? *Please attach any supporting documentation or further notes, if applicable.*

COMMUNITY BENEFITS	YES / NO	IF 'YES', PLEASE GIVE FURTHER DETAILS
Will your proposal enable access by all members of the community?		
Will your proposal maintain an existing service or activity in the local community?		
Will your proposal create a new service or activity in the local community?		
Will your proposal have wider community benefits?		
Will your proposal create opportunities for local organisations to work together?		
Will your proposal bring additional financial investment into the area (e.g. through grants unavailable to the Council)?		
Will your proposal create the opportunities for developing local enterprise or additional employment?		

13. Will the project present a conflict / overlap with other similar facilities in the locality?
Consider whether there are any similar facilities already in the vicinity and whether this project may have a negative impact on these.

14. What is your evidence of need for your project and who have you consulted with?

This application refers to asset transfer only and is not an application for financial assistance.

C) SIGNATURE

I confirm that, to the best of my knowledge and belief, all the details in this application are accurate. I understand that the council may ask for additional information at any stage of the application process and that you may check this with other sources.

Signed Date

Name

Please return completed form to:

**Corporate Property Division
Building 8, St David's Park
Job's Well Road
Carmarthen
SA31 3HB**

Email: smmorgan@carmarthenshire.gov.uk

Phone: (01267) 246247