** Dundee City Council Community Asset Transfer Pre Application form**

If you are interested in applying for transfer of an asset, we would strongly encourage you, in the first instance, to complete this pre application form. This will allow us to discuss at an early stage the best way to support you through the process and to discuss your ideas and needs to help establish any suitable assets.

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

|  |  |
| --- | --- |
| Name of Organisation: | Click here to enter text. |
|  |  |
| Address:  | Click here to enter text. |
|  |  |
| Post Code: | Click here to enter text. |
|  |  |
| Tel. No.: | Click here to enter text. | E-mail: | Click here to enter text. |

1. **Please provide details of your Committee/Trustees and a contact name and address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Contact Name:** | Click here to enter text. | **Position:** | Click here to enter text. |
|  |  |  |  |
| **Address:** | Click here to enter text. |
|  |  |
| **Tel. No.:** | Click here to enter text. | **E-mail:** | Click here to enter text. |

**Other Trustees, Committee Members**

|  |  |
| --- | --- |
| **Name** | **Position** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Please tell us about the asset (building or land) you are interested in**

|  |  |
| --- | --- |
| Details of Property: | Click here to enter text. |
|  |
| Address: | Click here to enter text. |
|  |
| Post Code: | Click here to enter text. | Community Area: | Click here to enter text. |
|  |
| What type of transfer are you interested in: |
| Ownership: |[ ]
| Lease:  |[ ]  Length of lease: | Click here to enter text. |
| Other: |[ ]  Details: |
|  |
| Click here to enter text. |

1. **Structure of the Organisation**

|  |
| --- |
| What type of organisation are you: |
| [ ]  Company [ ]  Scottish Charitable Incorporated Organisation (SCIO)[ ]  Community Benefit Society [ ]  Unincorporated Organisation |
|  |
| How many members do you have: | Click here to enter text. |
|  |
| Do you have a formal constitution governance document or set of rules: | Yes [ ] No [ ]  |
|  |  |
| Please detail how your community is described in your governance document and what population and/or communities the asset will serve: |
| Click here to enter text. |

1. **What is the structure and purpose of your organisation?**

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| --- |
| **How many people are involved in your organisation?** |
| Management Committee: | Click here to enter text. | Paid Staff (Full-time or part-time): | Click here to enter text. |
|  |
| Co-opted Staff: | Click here to enter text. | Members: | Click here to enter text. |
|  |
| When was the organisation established: | Click here to enter a date. |
|  |
| What is the objective and main activities of your organisation? |
| Click here to enter text. |
|  |
| Does your organisation have previous experience of managing and maintaining an asset? If yes, please give details below | Yes [ ] No [ ]  |
|  |  |
| Click here to enter text. |
|  |
| What do you want the asset for and why do you think there is a need for your project? |
| Click here to enter text. |
|  |
| What benefits will you bring to the community and others? You will need to show how you will promote or improve: |
| **Economic development/income generation** |
| Click here to enter text. |
| **Regeneration** |
| Click here to enter text. |
| **Public Health** |
| Click here to enter text. |
| **Social Wellbeing** |
| Click here to enter text. |
| **Environmental Benefit** |
| Click here to enter text. |

|  |
| --- |
| **Reduce Inequalities** |
| Click here to enter text. |
|  |
| Please let us know how you plan to fund your project including the price or rent you are prepared to pay for the asset. |
| Click here to enter text. |

1. **Declaration/Expression of Interest**

|  |  |
| --- | --- |
| **Signed:** |  |
|  |
| **Name:** | Click here to enter text. |
|  |
| **Position:** | Click here to enter text. |
|  |
| **Date:** | Click here to enter text. |

**Completed application should be sent to:**

Nicky MacCrimmon

Community Partnership Manager

Mitchell Street Centre

Mitchell Street

Dundee DD2 2LU

Tel: 01382 435822

E-mail: asset.transfer@dundeecity.gov.uk