**Asset Transfer Request**

**Formal Request Form – Stage 2**

This formal request form should be submitted after the Stage 1 Expression of Interest application has been approved. However Community Transfer Bodies can submit this form independently, without completing the Expression of Interest stage.

This Stage 2 Application Form aims to collate all the information that NHS Highland will need to make a decision about the eligibility of the asset transfer request under Part 5 of the Community Empowerment (Scotland) Act 2015. The range of information required for each section will vary depending on the nature of the asset transfer request. Please provide as much information as possible for each section to ensure that NHS Highland can effectively process your application.

Please write “not applicable” if a section does not apply to you. The information required to complete this form should be drawn from a range of existing documentation including:-

* Constitution of the Organisation
* Business Plan
* Asset Management Plan
* Annual Reports

Please send copies of the following documents to support your application:

* Constitution
* Annual Report
* Business Plan
* Evidence of support from stakeholders
* Relevant policies (e.g. equal opportunities, environmental, child protection, health and safety)

Community Transfer Bodies should refer to the requirements of asset transfer requests under the Community Empowerment (Scotland) Act 2015. [www.gov.scot/Publications/2017/01/2888](http://www.gov.scot/Publications/2017/01/2888)

The Community Ownership Support Service is a Scottish government funded programme, set up to help community-based groups in Scotland to take on land or building assets for their community. [www.dtascommunityownership.org.uk/](http://www.dtascommunityownership.org.uk/)

1. **Details of the Community Transfer Body (CTB) applying**

|  |  |
| --- | --- |
| Name of CTB  |  |
| Address including postcode |  |
| Telephone Number |  |
| E-mail Address |  |

1. **Main contact details**

|  |  |
| --- | --- |
| Name  |  |
| Contact Address |  |
| Telephone Number |  |
| E-mail Address |  |
| Position |  |

1. **Legal status of the organisation**

|  |
| --- |
| What type of organisation are you? |
|  |
| Registration number (for example charity or company number) |
|  |
| Do you have a written constitution? If so please attach. |
|  |
| When was the organisation established? |
|  |

1. **Structure and purpose of the organisation**

|  |
| --- |
| 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 and volunteers |
|  |
| How many members does your organisation have? |
|  |
| Briefly describe the organisation’s main aims and objectives |
|  |

1. **Experience of the organisation**

|  |
| --- |
| Please provide details of any experience the organisation has of managing an asset |
|  |
| Briefly describe any current activities the organisation provides |
|  |

1. **The asset (building or land) the organisation is interested in**

|  |  |
| --- | --- |
| Name of asset |  |
| Address of asset |  |
| UPRN if known(unique property reference number) |  |
| State the type of transfer you are interested in (ownership, leasing or other rights). If leasing what length of lease is required? |
|  |
| Please provide details of any modifications that will be required to make it suitable for the organisation’s use |
|  |
| Please indicate how much the organisation wishes to pay and/or any other conditions they wish to include (please note that assets will be transferred at market value unless agreed by Scottish Government) |
|  |

1. **Use of the asset**

|  |
| --- |
| Please explain why you making this request |
|  |
| Describe how you will use the asset |
|  |
| If the asset will be used by the public please provide details of opening times and any entry or hire charges |
|  |
| What population will the asset serve – briefly describe who will use it |
|  |
| How will the asset transfer request contribute to national, regional and local objectives or outcomes? Please provide reference to any relevant documents. |
|  |

1. **Benefits of the asset transfer request**

|  |
| --- |
| Please describe the benefits of the organisation’s use of the asset |
| Economic Development |
|  |
| Regeneration |
|  |
| Public health |
|  |
| Social wellbeing |
|  |
| Environmental wellbeing |
|  |
| Addressing inequalities |
|  |
| Any other benefits, for example promoting inclusion |
|  |

1. **Community support for the asset transfer request**

|  |
| --- |
| Please give details of any consultation you have undertaken with stakeholders |
|  |
| Please describe the support the organisation has for the asset transfer request from stakeholders |
|  |

1. **Project planning**

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| --- |
| Please provide indicative timescales for the completion of the asset and transfer |
|  |
| Please detail any funding you have secured so far to fund the project |
|  |
| Please provide details of any other funding applications you are awaiting a response or any other sources of funding you might have access to e.g. donations or loans |
|  |

1. **Financial Information**

Please complete the table below to provide a breakdown of costs and income for the first three years of the project. Please note that depending on the nature of the asset transfer additional information may be required to demonstrate financial sustainability.

|  |
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| 1. **Expenditure**

Please specify project start up and running costs (salaries, overheads such as building maintenance, heating, insurance, council tax) |
| Year 1 start up costs |  |
| Years 1 running costs |  |
| Year 2 running costs |  |
| Year 3 running costs |  |
| Year 4 running costs |  |
| Year 5 running costs |  |
| 1. **Income**

Please specify the income for the project (trading activities, fundraising, grants, other forms of income) |
| Year 1 income |  |
| Year 2 income |  |
| Year 3 income |  |
| Year 4 income |  |
| Year 5 income |  |

|  |
| --- |
| 1. **Please indicate the projected profit/ loss for each year**
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| Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Year 4 |  |
| Year 5 |  |
| Expected time to break-even |  |
| If your project does not break-even within 5 years please explain why: |
|  |

1. **Project Management**

|  |
| --- |
| Please describe how you will promote any services that will be provided from the asset |
|  |
| Please provide information on how the asset will managed to ensure compliance with statutory requirements and to ensure the asset remains fit for purpose |
|  |
| Describe how the project will be monitored and evaluated |
|  |
| Identify the main risks to your project and any actions you will take to mitigate the effect |
|  |

1. **Declarations**

I declare that all the information and statements contained within this application are true.

I declare that the asset will NOT be operated as a commercial/ private sector enterprise.

Main contact:

Signed……………………… Position …………………….…..

Name………………………. Date……………………………..

Chair of Organisation:

Signed………………………

Name………………………. Date……………………………..

Please send your completed form to the appropriate District Manager marked with **“Community Asset Transfer”.**

The contact details for District Managers are:

|  |  |  |
| --- | --- | --- |
| North & West | Kate Earnshaw& Anne M MacleodSkye, Lochalsh, Wr Ross | kateearnshaw@nhs.net annem.macleod@nhs.net Joint District Managers – work 2.5days each |
| Michelle Johnstone Area ManagerSutherland | Interim contactmichellejohnstone@nhs.net  |
| Christian NicolsonCaithness | christian.nicolson@nhs.net  |
| Marie LawLochaber  | Marie.law@nhs.net   |

|  |  |
| --- | --- |
| South& Mid | South & Mid Duty Manager Telephone Number – 01463 706703    ext: 6703 |
| Argyll and Bute | Jane WilliamsInterim Locality Manager (Adult Services)Cowal & Bute  | Janewilliams3@nhs.net |
| Morven GemmillLocality Manager (Adult Services)Oban, Lorn & Isles | morven.gemmill@nhs.net |
| Donald WattLocality Manager (Adult Services)Mid Argyll, Kintyre & Islay  | donald.watt@nhs.net |
| Jim LittlejohnLocality Manager (Adult Services)Helensburgh & Lomond  | James.littlejohn@argyll-bute.gov.uk  |
| Tony McLauchlin Locality Manager (Children & Families)Helensburgh & Lomond  | tony.mclaughlin@argyll-bute.gov.uk |
| Joy Daniels  Interim Locality Manager (Children & Families)Oban, Lorn & Isles  | joy.daniels@argyll-bute.gov.uk |
| Brian ReidLocality Manager (Children & Families)Mid Argyll, Kintyre & Islay  | brian.reid@argyll-bute.gov.uk |
| Mark LinesLocality Manager(Children & Families)Cowal & Bute  | Mark.lines@nhs.net  |