##### **EXPRESSION OF INTEREST FORM**

###### Property Services

###### Ty Penallta

###### Tredomen Campus

###### Ystrad Mynach



**Mae'r cyhoeddiad hwn ar gael yn Gymraeg.  Mae ar gael mewn ieithoedd a fformatau eraill ar gais.**

**This publication is available in Welsh.  It is available in other languages and formats on request.**

**Please note**

1. **Your expression of interest form must be completed in full. If your form has not been completed, cannot be read or is not on an appropriate form, it will be returned to you to update / complete before assessment commences.**

**NB if your interest is for commercial or personal use, please complete sections A1, B6, B7, and C only.**

1. **Council officers will then process and review your proposal. If the asset is suitable for transfer and the proposal is considered viable, you may be asked to supply further details in relation to the proposal.**

|  |
| --- |
| **DATA PROTECTION STATEMENT** |
| We require the information requested in this form to allow us to process your application. All information provided in support of an application, including personal details, will be held in a database. You have a number of rights in relation to the information including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed.  For further information on how we process your information and your rights please click the following link: [Click here for your privacy notice (PDF)](https://www.caerphilly.gov.uk/CaerphillyDocs/FOI/PrivacyNotices/Corporate-Property.aspx) |

|  |
| --- |
| **For office use only:** |
| Reference No: |
| Date Received: Click or tap for date. |

|  |
| --- |
| 1. **ABOUT YOUR ORGANISATION** |

|  |
| --- |
| **Name of organisation:** |

1. **Contact Details**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | First Name: | | | Surname: |
| Position held in organisation: | | | | |
| Address for correspondence: | | | | |
| Postcode: | | | | |
| Is the above your: | | Organisation address: | Home address: | |
| Telephone Number: | | | Mobile Telephone Number: | |
| Email address: | | | Fax Number: | |

1. **Status of your Organisation**

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

|  |  |  |
| --- | --- | --- |
| Charity |  | |
| Community group/club/society | Town/Community Council |  |
| Company Limited by guarantee | Company Reg. Number | |
| Community Interest Company | Other, please give details | |

|  |  |  |
| --- | --- | --- |
| **When was your organisation set up?** | Year: |  |

1. **Governance**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Comments |  |
| If “Yes”, have you appended a copy | | | | | |

How many people are involved in your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Management committee |  | Paid staff full-time |  |
| Paid staff part-time |  | Volunteers |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of insurance:** | **Holds:** | **Plans:** | **Level of cover:** |
| Public Liability |  |  | £ |
| Employer Liability |  |  | £ |
| Professional Indemnity |  |  | £ |

1. **What are the purpose and main aims of your organisation?**

*(Please also provide any relevant background documents)*

|  |
| --- |
| Click or tap here to enter text. |

1. **What is the “capacity to manage” of your organisation?**

*(Please also provide any relevant background documents)*

|  |
| --- |
| …as regards maintenance and repair of the asset: |
| Click or tap here to enter text. |
| …as regards statutory compliance[[1]](#endnote-1): [Please refer to the Endnote] |
| Click or tap here to enter text. |

1. **ABOUT YOUR PROPOSAL**
2. **Title of Project (please keep this short):**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please provide details of the asset (building or land) in which you are interested (name, address etc).**

*It is essential that you clearly identify the asset – if you have plans or drawings please forward copies.*

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Please state the length of lease required:** | Years |  |

*Please consider whether this meets the likely requirements of current or future grant funder(s).*

1. **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:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please outline how the amenity or facility will be maintained after the asset has been transferred (and, if applicable, the initial project has been completed):**

|  |
| --- |
| Click or tap here to enter text. |

1. **How will the community benefit from the proposal?**

*Please attach any supporting documentation or further notes, if applicable.*

|  |  |  |
| --- | --- | --- |
| **COMMUNITY BENEFITS** | **Y/N** | **IF ‘YES’, PLEASE GIVE FURTHER DETAILS** |
| Will your proposal enable access by all members of the community? | Y/N | Click or tap here to enter text. |
| Will your proposal maintain an existing service or activity in the local community? | Y/N | Click or tap here to enter text. |
| Will your proposal create a new service or activity in the local community? | Y/N | Click or tap here to enter text. |
| Will your proposal have wider community benefits? | Y/N | Click or tap here to enter text. |
| Will your proposal create opportunities for local organisations to work together? | Y/N | Click or tap here to enter text. |
| Will your proposal bring additional financial investment into the area (e.g. through grants unavailable to the Council)? | Y/N | Click or tap here to enter text. |
| Will your proposal create opportunities for developing local enterprise or additional employment? | Y/N | Click or tap here to enter text. |
| Explain how all individuals will have an equal opportunity to access the proposed business/service, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, Welsh language. |  |  |

1. **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.*

|  |
| --- |
| Click or tap here to enter text. |

1. **What is your evidence of need for your project and with whom have you consulted?**

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| 1. **ATTESTATION** |

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.

I also understand that this application refers to asset transfer only and is not an application for financial assistance.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |

**Please return completed form to:**

**Property Services**

**Penallta House**

**Tredomen Campus**

**Ystrad Mynach**

**CF82 7PG**

**Email: property@caerphilly.gov.uk**

# Phone: (01443) 863333

1. # STATUTORY COMPLIANCE

   You may be made responsible for compliance with all laws relating both to the property and your occupation and use of it.

   If so, this will include:

   |  |  |  |
   | --- | --- | --- |
   | 1. Asbestos *(if appropriate)* | 7. Fire Drill | 13. Lift Servicing *(if appropriate)* |
   | 1. Emergency Lighting -Annual Test | 8. Fire Escape Route Checks | 14. Lift  Thorough Examination *(if appropriate)* |
   | 1. Emergency Lighting - Monthly Test | 9. Fire Fighting Equipment | 15. Periodic Electrical Wiring Test |
   | 1. Fire Risk Assessment | 10. Fire Training | 16. Portable Appliance Testing |
   | 1. Fire Alarm - Annual test | 11. Gas Boiler / Heating *(if appropriate)* | 17. Wet Air-conditioning *(if appropriate)* |
   | 1. Fire Alarm – Weekly Test | 12. Legionella |  |

   **Please note the above list is not exhaustive**

   **You are strongly advised to seek independent legal advice to be sure you are aware of, and understand, the compliance responsibilities you will be taking on if you enter into a Community Asset Transfer** [↑](#endnote-ref-1)