

Section 2
EXPRESSION OF INTEREST
FORM

All information provided will be treated confidentially.

Expressions of interest will be assessed and scored by council officers

Please provide as much detail as possible against each heading

1. NAME AND ADDRESS OF ASSET:

2. YOUR DETAILS:

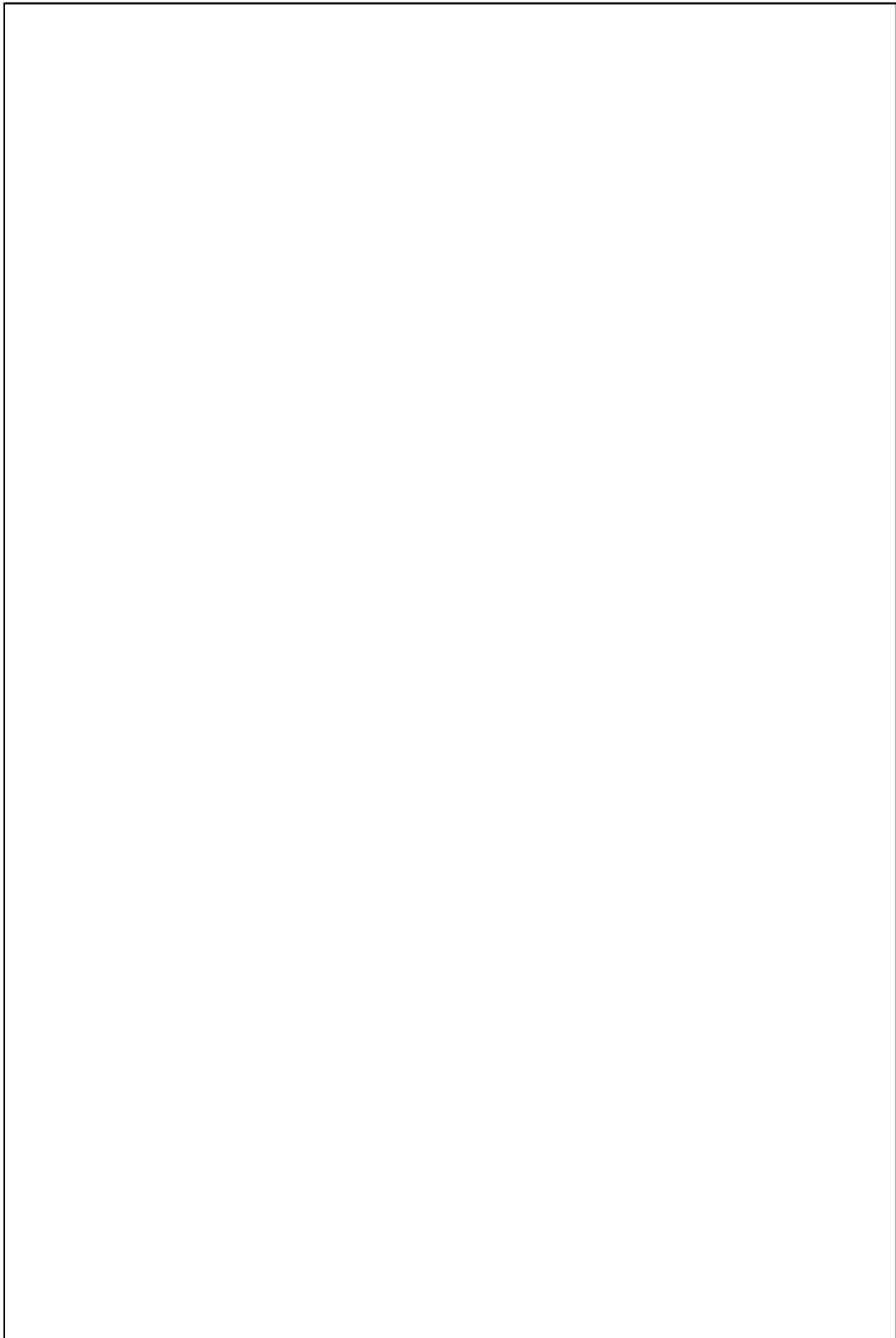
Name of Organisation /	<div style="border: 1px solid black; height: 25px;"></div>
Group: Contact Details:	<div style="border: 1px solid black; height: 25px;"></div>
Name of Contact:	<div style="border: 1px solid black; height: 25px;"></div>
Address:	<div style="border: 1px solid black; height: 45px;"></div>
Postcode:	<div style="border: 1px solid black; width: 200px; height: 25px;"></div>
E-mail address:	<div style="border: 1px solid black; height: 25px;"></div>
Telephone number:	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>
Mobile number:	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>

3. WHAT TYPE OF ORGANISATION / GROUP ARE YOU? (please tick all boxes that apply)

Partnership	<input type="checkbox"/>	Constituted Group	<input type="checkbox"/>
Company Limited by Guarantee	<input type="checkbox"/>	Newly formed group for asset transfer	<input type="checkbox"/>
Charity	<input type="checkbox"/>	Voluntary Organisation	<input type="checkbox"/>
Community Interest Company	<input type="checkbox"/>	Other [please state]	
Public Sector	<input type="checkbox"/>	_____	

4. WHAT YEAR WERE YOU FORMED? (If you have a current business plan, please attach it to this expression of interest form)

5. DESCRIBE WHY YOU ARE INTERESTED IN THE ASSET AND WHAT YOUR PROPOSALS ARE FOR IT

A large, empty rectangular box with a thin black border, intended for the user to write their response to question 5. The box occupies most of the page's vertical space below the question text.

6. WHAT SKILLS DOES YOUR GROUP OR ORGANISATION HAVE?

SKILLS	YES / NO	IF 'YES', PLEASE PROVIDE FURTHER DETAILS
Management		
Financial Management		
Marketing		
Community Knowledge		
Partnership Working		
Managing assets		
Human Resources		
Business Planning		
Legal		
Fund Raising		

7. TO WHAT RESOURCES DOES YOUR GROUP / ORGANISATION HAVE ACCESS?

SKILLS	YES / NO	IF 'YES', PLEASE PROVIDE FURTHER DETAILS
Financial [own]		
Financial [Grant sources]		
People		
Time		
Capital		
Revenue		

8. HOW WILL THE COMMUNITY BENEFIT FROM THE PROPOSAL?

COMMUNITY BENEFITS	YES / NO	IF 'YES', PLEASE PROVIDE FURTHER DETAILS
<p>How will your proposal enable access by all members of the community?</p> <p>How will you be able to measure and evidence this?</p>		
<p>How will your proposal maintain an existing service or activity in the local community?</p>		
<p>How will your proposal create a new service or activity in the local community?</p>		
<p>How will your proposal have wider community benefits?</p>		

<p>How will your proposal create opportunities for local organisations to work together?</p>		
<p>How will your proposal bring additional financial investment into the area (for example, through grants unavailable to the Council)?</p>		
<p>How will your proposal create the opportunities for developing local enterprise?</p>		
<p>How will your organisation, in planning and managing this asset, actively eliminate discrimination, advance equality of opportunity and foster good relations within the community?</p>		
<p>How will your organisation and community benefits align to the Wirral Plan?</p>		

<p>How do you intend to pay for the running costs, operation and upkeep of the asset?</p>		
<p>Please confirm whether your organisation requires all or part of the asset and how your organisation would deliver services with consideration to the physical nature and constraints of the of the asset (i.e. it is located with a school or civic centre)</p>		

<p>SIGNATURE:</p>	
<p>Name: [Print]</p>	<p>[Sign]</p>
<p>Position in organisation:</p>	
<p>Date:</p>	

WHEN YOU HAVE COMPLETED AND SIGNED THIS FORM PLEASE RETURN TO:

E-mail: communityassettransfer@wirral.gov.uk