

APPLICATION FORM

#GlasgowCommunities



Please refer to the “Guidance for Applicants” before completing this application.

Please note that in the interest of transparency, we intend to publish names of those organisations who have successfully progressed to this stage on our website.

Venue/ building/ facility:	
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SECTION A: YOU AND YOUR ORGANISATION

Name of your organisation

Address of your organisation

Contact person's name and position

Contact Email Address and Telephone Number

Please describe your organisation's main aim and objectives

Please describe the main services or activities provided by your organisation

Who do you consider to be your key customers or client groups?

In which locations do you mainly deliver those services or activities (include reference to building/ venue/ facility if appropriate)?

Does your organisation have previous experience of managing a building/ venue/ facility? *If yes, please provide details*

YES NO

Does your organisation have previous experience of partnership working in the delivery of your services/ activities? *If yes, please provide details*

YES NO

Please provide any evidence of community involvement in the work of your organisation.

SECTION B: YOUR GOVERNANCE AND ORGANISATIONAL STRUCTURE

Please provide details of the legal status of your organisation *(Type of organisation, governance documents and constitution, etc.)*

Charity	<input type="checkbox"/>
SCIO	<input type="checkbox"/>
Company Ltd by Guarantee	<input type="checkbox"/>
Club	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please identify current governing arrangements *(Board/Management/Committee/ Trustees/Directors. Details of current Office Bearers and authorised signatories should be provided.)*

What policies, systems and procedures does your organisation have in place and when were they last reviewed? *(Please provide copies)*

Equalities Policy	Date reviewed	
Health & Safety Policy	Date reviewed	
Letting Policy	Date reviewed	
Staffing Policy/Use of Volunteers	Date reviewed	
Others <i>(please specify e.g. Child Protection, Training Policy, Proper Employment practices, wages, and conditions of service of employees and purchasing policies)</i>		
	Date reviewed	

Does your organisation have a quality assurance system and/or are you registered with a national body?

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SECTION C: USE OF THE BUILDING/ VENUE/ FACILITY AND COMMUNITY NEED

Do you consider the venue/ building/ facility to be suitable for your proposal. *If no, please provide details of remedial action or improvements that might be required*

YES NO

Please provide details on the proposed use of the building/ venue/ facility. *Is the building/ venue/ facility to be used by the general public?*

Please outline your proposed organisational structure and management arrangements for the operation of this building/ venue/ facility. *What arrangements will be put in place for monitoring, reporting and administration of the operation? Please also identify individuals responsible for the day to day operation of the building/ venue/ facility.*

Please provide details of how the building/ venue/ facility will be managed to ensure that all statutory requirements are met and that the building/ venue/ facility remains safe and fit for purpose. *Please be explicit with regards to any assumptions made with regards to ongoing support required from the Council.*

What type of management arrangement/ transfer are you seeking? *Please refer to the guidance notes for further information. Please tick preferred tenure and provide details (if applicable)*

Licence to occupy	<input type="checkbox"/>	Comments
Tenancy agreement	<input type="checkbox"/>	
Lease	<input type="checkbox"/>	
Long leasehold	<input type="checkbox"/>	
Ownership	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Don't know	<input type="checkbox"/>	
Please advise if either service users or the wider community will be involved in running the building/ venue/ facility.		
Please illustrate how you have evidenced demand for the services/ activities you are proposing to deliver?		
Please explain how the proposed use of the building/ venue/ facility will benefit your client groups, the local community and wider communities of interest (if appropriate) <i>(see guidance notes for details)</i>		
Marketing and Communication Plan <i>(explain what methods of communication will be used to publicise the building/ venue/ facility and promote activities)</i>		

Please give details of which key stakeholders have been, or will be consulted, the method of consultation and the level of support shown for the project. <i>(Please provide evidence)</i>		
Stakeholder Group	Method of Consultation	Overall support for Project
Current users of the building/ venue/ facility		
Representative community organisations <i>(e.g. Community Councils, Tenants groups, Area Committees, Friends of Groups)</i>		

Other local community groups		
Other (please specify) <i>(e.g. Glasgow Life, Governing Bodies of Sport, etc)</i>		

Timescales – please provide indicative timescales for when you would hope to transfer (the management of) the building/ venue/ facility.

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SECTION D: FINANCIAL INFORMATION

Please outline how you will acquire the necessary funding to address any capital costs associated with the management/ transfer of the building/ venue/ facility?

How will you generate sufficient income/ grants to be able to sustain the annual operating costs of the building/ venue/ facility for the first 3 years?

What funding have you obtained or applied for so far?

Funding Source with description of funding <i>(i.e. capital funding or funding for the operation of the building/ venue/ facility)</i>	Date of Application	Amount	Funding confirmed
			<input type="checkbox"/>

Provide the following summary:

Full costs of the building/ venue/ facility transfer and any construction works (capital costs)	
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Annual operating costs of building/ venue/ facility	
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Financial information – please provide those applicable	Applicable
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1. Bank statements for the last 12 months	<input type="checkbox"/>
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2. Last 3 years independently verified reports/accounts	<input type="checkbox"/>
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3. Financial plan for the first 3 years of the project <i>(Details of costs and income and cash flow statement)</i>	<input type="checkbox"/>
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4. Business Plan <i>(A template is provided in Appendix A of the Guidance Notes, if required)</i>	<input type="checkbox"/>
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Please identify individuals responsible for the financial management aspect and their credentials?

Risk Assessment (Please identify the main risks to your project and the action you will take to mitigate their effect. Please also outline if there are any weaknesses and/or threats to the viability of the project.)

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SECTION E: SUPPORT REQUIRED FROM THE COUNCIL FAMILY

Please outline any request of further support from the Council family including advice of any kind, facilities maintenance support, any works to the building/ venue facility, financial support?

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SECTION F: DECLARATIONS

This should be signed by 2 of the organisations authorised signatories

On behalf of (enter Organisation Name)

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

Authorised Signatory (1) Print	Signature	Date
Authorised Signatory (2) Print	Signature	Date

Please check the box to confirm that the building/ venue/ facility **will NOT** be solely operated as a commercial/private sector enterprise

PLEASE COMPLETE AND RETURN SELF-ASSESSMENT AND LETTER OF REPRESENTATION (see Appendices 1+2)

Supporting Documentation Provided

Copy of constitution/governance document or set of rules	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Last 3 years independently verified reports/accounts (not applicable to new organisation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Business Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3 year cash flow statement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12 months bank statements (not applicable to new organisation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evidence of Stakeholder/Community Consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Equalities Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Health and Safety Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Training Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Recruitment and Selection Processes/Use of Volunteers Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proposed Letting Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evidence of Funding Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Letter of Representation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
External Funding Self-Assessment (see Appendix 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other policies:	
Employment practices	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Child protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wages and conditions of service of employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Purchasing policies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

LETTER OF REPRESENTATION

Date:

APPLICANT NAME:

BUILDING/ VENUE/ FACILITY:

This letter of representation is provided in connection with our application for the management/ transfer of a building/ venue/ facility dated _____.

As the Office Bearers of the above project we confirm, to the best of our knowledge and belief and having made appropriate enquiries, the following representations:

Accounting Records

All of the transactions undertaken by the group have been properly reflected and recorded in the accounting records made available to you in support of the application. All other records and related information relevant to the application, including management committee minutes, have been made available to you and no such information has been withheld.

Laws and Regulations

We are not aware of any instances of actual or potential breaches of, or non-compliance with, any laws and regulations governing the transactions of the project which may have a material effect on the financial statements.

Insurance

We confirm we have in place all relevant and current insurance cover to comply with our statutory obligations. In addition we have discussed and taken professional advice regarding our insurable risk exposures and have made appropriate arrangements to insure against the principal identified risks. In so doing we confirm that we have complied with our duty to our insurers to disclose all Material Information concerning the risks for which insurance cover is being applied for.

Subsequent Events

There have been no circumstances or events subsequent to the period covered by the financial statements provided which may have a material effect on the application for funding.

Signed,

..... (Chairperson) Dated.....

.....(Treasurer) Dated.....

..... (Secretary) Dated.....

External Funding – Self Assessment

The attached self-assessment form has been designed for use by groups and designated monitoring officers as a tool for highlighting potential areas of concern in a group's financial management.

It should be noted that not all items are appropriate for all organisations; in particular smaller voluntary bodies may find that many sections are not relevant to their activities.

Interested Bodies applying for a transfer of a building/ venue/ facility from Glasgow City Council will be required to complete the Self-Assessment and submit a copy to the designated case officer as evidence of compliance with the principles of financial good practice. Assistance in completing the assessment is available from the designated case officer.

		YES	NO	COMMENTS
1	GENERAL ADMINISTRATION			
1.1	CONSTITUTION Does the group have a written constitution formally adopted by the full group?	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	MANAGEMENT COMMITTEE Has the group elected a management committee? Have office bearers been elected?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
1.3	INSURANCE Does the group have adequate insurance covering: <ul style="list-style-type: none"> • Public Liability • Employers' Liability • Professional Indemnity • Other 	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	REPORTING ARRANGEMENTS Does the management committee receive regular reports covering progress on project objectives? Does the Monitoring Officer receive copies?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
1.5	DOCUMENT RETENTION AND STORAGE Are all project records and source documentation stored securely?	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	SEPARATION OF FUNDS Are all project funds accounted for separately from other group funds?	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	AUDITOR Has an appropriate auditor been appointed?	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	VAT Does the group require to register for VAT?	<input type="checkbox"/>	<input type="checkbox"/>	
2	FINANCIAL MANAGEMENT			
2.1	BUDGETS Have budgets covering all expenditure and income been prepared and approved by the management committee? Does the Treasurer present regular reports on the project's financial position? Does the Monitoring Officer receive copies?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Appendix 2

		YES	NO	COMMENTS
	Are all claims for Petty Cash Re-imbursements reconciled to the Petty Cash Book and signed an authorised signatory?	<input type="checkbox"/>	<input type="checkbox"/>	
	Salaries and Wages			
	Are personnel files held for each employee?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all salary levels approved by the management committee?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all payments checked against authorised salary levels / rates prior to payment?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all PAYE / NIC requirements complied with?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all Inland Revenue Payments made timeously?	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	BANK AND BUILDING SOCIETY ACCOUNTS			
	Are all bank statements reconciled with the Cash Book?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all accounts held in the name of the group/project?	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	FINANCIAL RECORDS			
	Are proper books and records, including Cash Book, maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are appropriate Annual Financial Statements produced?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all financial statements approved by the Management Committee?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all financial statement audited by an appropriate auditor?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the Monitoring Officer receive copies of all financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	