

Bringing our buildings back to life

Expression of Interest form

This document contains the questions you will be asked in the online Expression of interest form, which can be found at https://new.gov.uk/wf expressionofinterest

The Expression of interest form times out after it has been inactive for 20-minutes and your data will be lost. This is to protect your personal information.

You cannot submit this PDF as part of your application.

Applicant details

If this is a joint application, you will be prompted to complete this section twice.

- 1. Name of the organisation, group or sole trader (*Type*)
- 2. Type of organisation, group or sole trader (*Type*)
- 3. Charity number (if applicable) (Type)
- 4. VAT numbers (if applicable) (Type)
- 5. Registered address of the organisation (*Type*)
- 6. Postcode (Type)
- 7. Title of lead contact of organisation, group or sole trader (*Type*)
- 8. First name of lead contact for organisation, group or sole trader (*Type*)
- 9. Last name of lead contact for organisation, group or sole trader (Type)
- 10. Job title of the lead contact (*Type*)
- 11. Email of the lead contact (*Type*)
- 12. Confirm email address of the lead contact (Type)
- 13. Telephone of the lead contact (Type)
- 14. Organisation, group or sole trader website (*Type*)
- 15. Residential address of lead contact (*Type*)
- 16. What does the organisation, group or sole trader do? (300 words max.) (Type)

Eligibility

Please confirm you are eligible to apply for this programme. We can ask for evidence at any point during the application process.

If this is a joint application, only one applicant needs to be able to answer yes to each of the statements.

 Does your organisation, group or sole trader meet these statements? (Yes/No)







- 2. We are a Harrow based organisation, group, sole trader, or resident (Yes/No)
- 3. We have been operating for a minimum of 2 years. (Yes/No)
- 4. We are appropriately constituted e.g. registered charity, community interest company or charitable incorporated organisation, non-for-profit organisation, co-operative or cooperative and community benefit society. (Yes/No)
- 5. We can provide evidence of good governance, robust financial systems, and all necessary policies expected of an organisation or group provided through constitution. (Yes/No)
- 6. We can demonstrate a track record in running community services and activities, and/or running a business and have in place all the correct requirements e.g. licences, permissions, and insurance cover. (Yes/No)
- 7. We have the capacity to manage the building and have directors, committee members. (Yes/No)
- 8. Our organisation or group complies with relevant equal opportunities legislation, embraces diversity and works to improve community cohesion. (Yes/No)
- 9. We comply with requirements of our regulatory body e.g. Charity Commission and/or Companies House. (Yes/No)
- 10. We can supply two references, with one being business related. (Yes/No)
- 11. We have no outstanding Business Rates arrears. (Yes/No)

Proposal

Please give an outline of your plans for the building (max 300 words). (Type)

Finances

- 1. Please attach 2 years of accounts as evidence that you have the capital means to open the building to the public within 6 to 9 months or evidence of fundraising over the last 2 years of sums over £50,000. You have the option to attach both accounts and successful fundraising as evidence. (Attach files)
- 2. Please attach your financial forecast for 2026/27 and 2028/29 (Attach files)

References

The council requires you to supply the details of two references we may contact. One reference must be business related.

Your permission to contact a referee will be assumed unless you explicitly state that you do not wish us to do so.







If this is a joint application, you still only need to submit two references, one per applicant.

| 1. Referee one |
|--|
| Contact name (Type) |
| Organisation name (Type) |
| Address (Type) |
| Postcode (Type) |
| Email (Type) |
| Telephone number (Type) |
| Capacity in which known to you (Type) |
| I do not wish you to contact this reference during the application process (Tick option) |
| 2. Referee two |
| Contact name (Type) |
| Organisation name (Type) |
| Address (Type) |
| Postcode (Type) |
| Email (Type) |
| Telephone number (Type) |
| Capacity in which known to you (Type) |

