# GRANT APPLICATION FORM

**Please ensure you complete this form fully and remember to include quotations.**

**Part completed forms will not be accepted and will be returned.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | |
| Details of the individual making the application: | | | Name Position in Contact telephone Email address  company number | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Details of the business or organisation: | | | Name Street/road | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| Business Address: | | | Town/city Post code | | | | | | | | | | | | | | | |
|  | |  | | |
|  | | |  | | | | |  | |  | | | | | | | | |
| 2 Type of Organisation/Business | | | | | | | | | | | | | | | | | | |
| Please describe the type of organisation or business and its main activity. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Organisation Type (Place a 'x' in the relevant box) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Voluntary/Community | | | | |  | Private | | |  | | Public | | | |  | |
| **Approximate numbers of beneficiaries** (Put a number in each relevant box) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Employees | | |  | | | Visitors/Customers per week | |  | | Students | | | |  | |
|  |  | | |  | | |  | |  | |  | | | |  | |
|  |  | | |  | | |  | |  | |  | | | |  | |
| Grant deadlines | | | | | | | | | | | | | | | | | | |

* Deadlines will be advised when inviting you to make the application.

|  |
| --- |
| 3 Details of the Proposed Project |
| Please outline the proposed project. Include the reasons you want to apply for the funding, how you feel it will benefit your organisation or business, its employees, visitors, customers, or students. |
|  |

**Which objective(s) do you believe your project will Who/what is the project intended**

**contribute to?** (tick all that apply) **to benefit?** (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Make walking, cycling, and wheeling more safe, convenient, and attractive | Staff |  |
|  | Reduce traffic congestion/emissions | Customers/visitors |  |
|  | Improve access to the site by sustainable modes | Business |  |
|  | Influence travel behaviour resulting in modal shift | Personal Travel Costs |  |
|  | Facilitate economic growth through improved access by active modes of travel | Business Costs |  |
|  |  |  |  |
|  | Improve the safety, availability, or affordability of sustainable modes |  |

|  |
| --- |
|  |
| 4 Timescales |

|  |  |
| --- | --- |
| Estimated Start Date of Project | dd/mm/yyyy |
|  |  |
| Estimated Completion Date | d/mm/yyyy |

|  |  |
| --- | --- |
| 5 Costings and Contributions | |
| Please provide a breakdown of the costs of the proposed project and remember to attach copies of quotes.  PLEASE NOTE, If your company or organisation IS VAT registered, please don't include VAT in your costings as we won't pay the VAT. If your company or organisation is NOT VAT registered, please include the VAT in your costings as we will pay the VAT. | |
| Details | Cost (£) |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

|  |  |
| --- | --- |
| **Total Cost of Project**  (copies of quotes **MUST** be sent with your application) | £ |
|  |  |
| **Total Cost Applied for from the Grant** | £ |

|  |  |
| --- | --- |
| For all grants a contribution on behalf of the business or organisation is expected. This can take the form of a financial input to the project, a contribution in kind or a combination. Please provide a breakdown of any contribution to the project the organisation will make or a brief description of any supplementary support or promotional work to be carried out in association with the project. | |
| Details of contribution | Cost (£ or expected staff time Hrs) |
|  |  |
|  |  |

|  |
| --- |
| 6 Monitoring |
| Please describe how the project or usage will be monitored with regards to achieving the expected outcomes. |
|  |

By applying for a grant you agree to be bound by the terms and conditions within which the grant may be awarded and any use beyond that stated could result in funds being returned.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |
| --- |
| 7 Payment of Grants |
| Grants will be paid by BACS. To enable payments to be made we require the following information to process payments.   |  | | --- | | Details | |

|  |  |
| --- | --- |
| Contact | Contact name if different from page 1 |
| Name | Company Name, Trading Name/Payee |
| Address Line 1 | Postal Address if different from page 1 |
| Address Line 2 |  |
| Town |  |
| Postcode |  |
| County |  |

|  |
| --- |
| Bank/Building Society Details |

|  |  |
| --- | --- |
| Account Name | Account Name- usually the Company name |
| Account Number | Bank account number |
| Bank Name | eg. Natwest Bank |
| Sort Code | Sort Code - branch number - a six digit number |
| Roll Number | Only applicable if payment is being made into a Building Society |

|  |  |
| --- | --- |
| Value Added Tax (VAT) Information | |
| Vat No. if VAT registered | This is a mandatory field. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| VAT Code (place a 'x' in the relevant box) | | | | | | | |
|  | Standard Rate |  | Outside Scope |  | Zero Rated | |
|  | Exempt |  | Reduced Rate |  | |

|  |
| --- |
| Tick this box to confirm you have read, understood, and accepted the terms and conditions |

|  |  |  |  |
| --- | --- | --- | --- |
| THIS SECTION IS FOR OFFICE USE ONLY | |  |  |
| Approved yes/no and by who (initials) |  | Date awarded/declined |  |
| Score |  | State which funding stream |  |
| Application number  (if applicable) |  | State any conditions or any other information |  |

­­­­­­­­­­­­­­­­­­­­­­­­­Please email your application form **with** your quote(s) to [ActiveTravel@lancashire.gov.uk](mailto:ActiveTravel@lancashire.gov.uk)

and put *'Active Travel Grant application'* in the subject line