|  | **Ferries Accessibility Fund Application** |
| --- | --- |
| *para 5.1* | 1.1 Organisation name and registered address |  |
|  | 1.2 Named contact for this application, phone number e-mail address |  |
|  |  |
|  |  |
|  | 1.3 Position or role in organisation |  |
| *para 6.6* | 1.4 Please confirm that you are authorised to make this application and to commit match-funding to this project |  |
| *para 5.1* | 1.5 Organisation statuse.g. Operator, Port Owner, other - specifyInclude Charity No. (if applicable)  |  |
|  | 1.6 Address for correspondence, if different to above |  |
|  | 1.7 Signature |  |
|  | 1.8 Name (print) |  |
|  | 1.9 Date |  |
|  |  |  |
| *Para 2.4.1* | 2.0Stage(s) of travel application refers to | \* Annotate stage(s) of journey as detailed |
|  | 1. *Obtain and use easily accessible information to plan journeys*
 |  |
|  | 1. *Get from where they live to reach public transport services unobstructed*
 |  |
|  | 1. *Access public transport services with whatever support and help is necessary*
 |  |
|  | 1. *Enjoy the journey in comfort and safety*
 |  |
|  | 1. *Satisfactorily complete the journey*
 |  |
| *Section 4* | 2.1 What is the project? |  |
|  | 2.2 Location(s) |  |
| *para 4.1* | 2.3 How will this project improve accessibility? (for those persons covered by the criteria of the Fund) |  |
| *para 4.5* | 2.4 Is this part of a larger Project | Yes / No \*\* Delete as applicable |
|  | 2.5 If above (2.4) YES – give brief details, including cost |  |
| *para 6.3* | 2.6 What User Organisations or other relevant groups have you consulted |  |
| *para 6.3* | 2.7 Include evidence from consultation with Local Access panels, disabled persons organisations, User Organisations and other relevant groups representative of disabled people |  |
|  |  |  |
| *para 4.5* | 3.1 Total eligible project costs(if appropriate include detailed breakdown)  |  |
|  | 3.2 Accessibility Funding applied for Normally limited to 50% of total costs. |  |
|  | 3.3 What is the source(s) of the remaining funding? |  |
|  | 3.4 What is the proposed start date? |  |
|  | 3.5 What is the proposed completion date? |  |
|  |  |  |
| *para 10.1* | 4.1 What are your proposals for undertaking post project validation? |  |
| *para 10.2* | 4.2 How and when will the validation be undertaken |  |
| *para 10.2* | 4.3 Who will conduct the validation |  |
|  | 4.4 What risks have been identified to the delivery of the project? |  |
|  | **Please attach separately any further details which would assist in the consideration of your bid.**  See below. |
| *para 6.9* | 5.1 Access Statement included | Yes / No \* \* Delete as applicable |
| *para 6.10* | 5.2 Equality Impact Assessment (EQIA) Included (**Appendix C**)  | Yes / No \*\* Delete as applicable |
| *para 6.6* | 5.3 Permission from owner to undertake the scope of project being proposed.  | Yes / No / Not Applicable \* \* Delete as applicable |
|  | 5.4 Drawings or other supporting evidence (please detail)  | Yes / No \*. . . .\* Delete as applicable |

| *para 6.6**para 11.2* | **Ferries Accessibility Fund Application –** **Equalities Impact Assessment (EQIA)** |
| --- | --- |
| Title of Project |  |
| Aims and ObjectivesBrief description of project. |  |
| Part of Organisation responsible |  |
| Evidence and Engagement What evidence has been used for assessment.Who has been engaged with.  |  |
| What groups of people will be covered / assisted What will be the impact on these groups. |  |
| Implementation / PlanningWhat risks may ariseStages involvedTimeline of project |  |
| ConclusionsWhat is expected outcome |  |
| Monitoring and ReviewHow will you monitor the impact |  |
| Review Date |  |
| Person responsible for Assessment |  |
| Position or role in organisation |  |
| Signature |  |
| Date (signed off) |  |

**THIS DOES NOT REQUIRE TO BE COMPLETED UNTIL AFTER FUNDING OF THE PROJECT AS BEEN AGREED**

| *para 10.4* | **Ferries Accessibility Fund Application –** **Publicising and Acknowledgments** |
| --- | --- |
| Title of Project |  |
| Aims and ObjectivesBrief description of project. |  |
| Part of Organisation responsible |  |
| How will the Project be publicisedWhat organisations will be acknowledged regarding funding.Who has been engaged with.  |  |
| How will Project be publicised  | Examples | 1. *Media / Press*
 |
| 1. *Social Media*
 |
| 1. *Permanent Plaque*
 |
| 1. *Internal Newsletter for Customers / Public*
 |
| 1. *Other*
 |
| During Implementation |  |
| On-going permanent basis |  |
| Timeline of PublicityPlease Specify (for each phase) |  |
| Transport ScotlandHas permission been requested **AND** grantedWhen and by whom was permission granted. |  |
| Organisation 2Has permission been requested **AND** granted by each organisationWhen and by whom was permission granted. |  |
| Organisation 3 **#**Has permission been requested **AND** granted by each organisationWhen and by whom was permission granted. |  |
| Implementation What risks may ariseStages involvedTimeline of project |  |
| What are the expected results / benefits of this Publicity |  |

**# Add more rows if required**