|  | **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 status  e.g. Operator, Port Owner, other - specify  Include 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* | 2.0  Stage(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 Objectives  Brief 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 / Planning  What risks may arise  Stages involved  Timeline of project |  |
| Conclusions  What is expected outcome |  |
| Monitoring and Review  How 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 Objectives  Brief description of project. |  | |
| Part of Organisation responsible |  | |
| How will the Project be publicised  What 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 Publicity  Please Specify  (for each phase) |  | |
| Transport Scotland  Has permission been requested **AND** granted  When and by whom was permission granted. |  | |
| Organisation 2  Has permission been requested **AND** granted by each organisation  When and by whom was permission granted. |  | |
| Organisation 3 **#**  Has permission been requested **AND** granted by each organisation  When and by whom was permission granted. |  | |
| Implementation  What risks may arise  Stages involved  Timeline of project |  | |
| What are the expected results / benefits of this Publicity |  | |

**# Add more rows if required**