**Active Travel Fund Cycle Parking Grants (Education) - Application Form**

Before completing the application form, please ensure you have read the guidance notes which will help you through the application process. The closing date for applications will be detailed in the guidance and/or accompanying information.

If you require additional support completing the application form, please contact the Active Travel Team via active.travel@tfgm.com quoting ATF Cycle Parking Grant in the title.

1. **Grant Criteria**

Please select the type of organisation you are applying on behalf of:

|  |  |
| --- | --- |
| **Tick** | **Audience** |
| [ ]  | A registered primary, secondary or further education institution located within Greater Manchester. |
| [ ]  | An NHS Trust, GP Practice or Dental Practice located within Greater Manchester. |
| [ ]  | A small business located within Greater Manchester. |
| [ ]  | A community interest organisation located within Greater Manchester. |

Additionally, please confirm that you meet all grant criteria below.

|  |  |
| --- | --- |
| **Tick** | **Grant Criteria** |
| [ ]  | You are applying for funding for cycle parking which will be available to be used by anyone travelling to your site by bicycle (this includes pupils, staff and visitors). |
| [ ]  | You commit to submit updates of progress during installation and upon completion submit evidence of purchase and installation (such as receipts and photos) or allow a site visit by a TfGM staff member |
| [ ]  | You commit to installing facilities that meet the technical requirements set out in the accompanying guidance note |
| [ ]  | You are prepared to clean and maintain the facility and ensure its ongoing management |
| [ ]  | You are willing to promote the grant funded facilities to potential users |
| [ ]  | You agree to provide monitoring information in a template evaluation form which will be provided |
| [ ]  | You have necessary planning consents, and have the landowner’s permission in place for capital projects funded through the grant |

1. **Applicant’s details**

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Role:** | Click here to enter text. |
| **Organisation:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:**  | Click here to enter text. |
| **VAT Registration:** | Click here to enter text. |

1. **Signatory Details**

Should your application be successful you would enter into a legal agreement with Transport for Greater Manchester. Please provide below the details of the authorised signatory for such an agreement.

|  |  |
| --- | --- |
| **Signatory Name:** | Click here to enter text. |
| **Signatory role/title:** | Click here to enter text. |
| **Signatory email address:** | Click here to enter text. |
| **Signatory contact number:** | Click here to enter text. |

1. **Project Costs, Grant Amount Sought and Contributions**

Please provide details of the total project costs including both TfGM Grant and any other match funded elements.

Please ensure all costs are provided with VAT separately and that the project total matches the quotes of your preferred supplier(s). We will only pay VAT where the recipient cannot reclaim VAT. Accompanying quotes should be attached to the application or entered into **Appendix 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick** | **Measures** | **Details (incl no. of spaces to be provided)** | **Cost****(Excluding VAT)** | **VAT** |
| [ ]  | Cycle shelters or covered parking | Click here to enter text. |  |  |
| [ ]  | Bike stands | Click here to enter text. |  |  |
| [ ]  | On site modifications i.e. signage, gates, or security measures | Click here to enter text. |  |  |
| **Project Total** |  |  |  |
| **Grant amount sought from TfGM** |  |  |  |
| **Financial contributions (where applicable)** Please provide full details of contribution (if any) you are providing to support your application and indicate value / costs where appropriate |  |
| Click here to enter text. |  |
| **In kind contributions (where applicable) – E.g. Staff time, promotional activities, etc** |
| Click here to enter text. |

1. **About your application**

To help us assess your application please provide a full and clear description of what you plan to install, why and how you believe this will assist you in encouraging cycling as a mode of transport. Please include;

* What you plan to install – location and why you’ve chosen that location/style of cycle parking
* Why and how will this encourage cycling
* The current demand for cycle parking and how many people will benefit

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| **Please state how you intend to promote the new cycling facilities**  |
| Click here to enter text. |

|  |
| --- |
| **Please state how you will seek to promote the TfGM cycling offer** The TfGM cycling offer includes cycle training, advice and guidance and can be found here:[https://activetravel.tfgm.com/cycling](https://activetravel.tfgm.com/cycling%20) |
| Click here to enter text. |

1. **Subsidy Control**

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| --- |
| Please refer to section 7 of the guidance for further information on subsidy control. |
| Minimum Financial Assistance (MFA) notification TfGM is offering this grant up to a maximum contribution of £15,000 as a Minimum Financial Assistance (MFA) subsidy under the Subsidy Control Act (2022).Please refer to grant guidance for more information.Select one of the following options: |
| [ ]  | The organisation named on this application is an enterprise engaged in economic activity which entails the offering of goods or services on a market. This includes education providers whose services are principally funded through private resources, for example the resources of students and parents, or through the operator’s own commercial revenues.By ticking this box, you are providing written confirm, for and on behalf of, the organisation that receipt of a grant from TfGM for the total amount sought indicated above will not exceed the Minimum Financial Assistance threshold of £315,000 specified in section 36(1) in MFA subsidies or comparable types of subsidies (see section 42(8) of the Subsidy Control Act) between 1 April 2020 and this date. |
| [ ]  | By ticking this box, you are confirming that the organisation named on this application is not engaged in economic activity. |
| [ ]  | By ticking this box, you are confirming that the organisation named on this application is an NHS healthcare provider and is not considered to be engaged in economic activity for the purposes of the Subsidy Control Act (2022). |
| [ ]  | By ticking this box, you are confirming the organisation named in this application offers education services organised within the national education system, which are both funded through public funds and supervised by the UK Government or are principally funded, whether directly or indirectly, through public resources and is therefore not considered to be engaged in economic activities for the purposes of the Subsidy Control Act (2022). |

1. **Check List**

Please ensure that with your grant application form you enclose the following documents

|  |  |
| --- | --- |
| **Tick** | **Document** |
| [ ]  | A cycle parking audit (Appendix 1)  |
| [ ]  | Details of the location of each item to be installed as part of this project including the full postal address and postcode (Appendix 2a) |
| [ ]  | Accompanying photos or drawings of location for any capital projects (Appendix 2b) |
| [ ]  | Quotations for the proposed project, including copies of originals (Appendix 3) |
| [ ]  | Evidence of approved planning (if needed) |

**Return by email**: active.travel@tfgm.com

**Return by post**: Active Travel Team, Transport for Greater Manchester, 2 Piccadilly Place, Manchester, M1 3BG.

**Next steps:**

* We will acknowledge receipt of your application
* The application will then be reviewed and, if required, additional information may be requested to support your application
* The application will then be considered
* If your proposal is approved, we will produce a grant agreement for you to sign and collect any other relevant details, such as bank account information
* On completion of works you should submit your claim form including invoices and appropriate evidence, TfGM will then process remittance up to the agreed amount

**Please note:** Applications for Active Travel Fund Cycle Storage Grants are competitive and TfGM does not guarantee that any application will be approved to receive funding. It is entirely at the discretion of TfGM whether funding applications are approved to any organisation and all applications will be considered on their merit.

**Appendix 1. Site Cycle Parking Audit**

We also request that grant applications are also accompanied by a cycle parking audit.

**1. Cycle Parking and Access**

|  |  |
| --- | --- |
| Existing Provision | Click here to enter text. |
| Total number of students on site | Click here to enter text. |
| Total number of staff on site | Click here to enter text. |
| Number and location of existing formal spaces | Click here to enter text. |
| Type of parking  | Click here to enter text. |
| Covered? | Choose an item. |
| Well lit? | Choose an item. |
| Secure? Is the parking area lockable? | Choose an item. |
| Secure? Covered by CCTV?  | Choose an item. |
| Site access arrangements for cycles and for other vehicles and pedestrians | Click here to enter text. |
| Any other issues to note? | Click here to enter text. |

**2. Provide any further comments about the cycle parking issues you wish to address**

|  |
| --- |
| Click here to enter text. |

**Appendix 2. Accompanying photos or drawings**

***Please refer to Appendix 1: Guidance for Cycle Parking in the guidance notes. Proposals that do not meet those criteria will not normally be considered for funding.***

1. Please specify the specific location for each item to be installed including the full potal address and **postcode**.

|  |
| --- |
| **Please enter location description and address** |
| Click here to enter text. |

1. Please attach any photos or drawings of the location of your proposed project and all items to be installed.

**Appendix 3. Quotations for the proposed project**

Please include details of 2 verbal quotes for work between £100 and £1,000 (including names and addresses of suppliers as well as amounts quoted), or for work above £1,000 please provide 3 written quotes from reputable suppliers (including names and addresses of suppliers as well as amounts quoted), in line with TfGM’s procurement policy (which is available upon request).

|  |
| --- |
| **Please enter details of any verbal quotations here** |
| Click here to enter text. |