



COVID-19 Emergency Active Travel Fund

1. SECTION A: BACKGROUND

1. What is your local transport authority name? *

2. Which geographical region are you in? *

- ☐ North East England
- ☐ North West England
- ☐ Yorkshire and the Humber
- ☐ West Midlands
- ☐ East Midlands
- ☐ East of England
- ☐ South East England
- ☐ South West England
- ☐ London

3. What type of authority are you? *

- ☐ Integrated Transport Authority/Combined Authority
- ☐ Metropolitan Borough Council

- ☐ Unitary Authority
- ☐ County Council
- ☐ Other – please specify below if you feel you do not fit into one of the categories given:

4. How would you classify yourself geographically? *

- ☐ Metropolitan
- ☐ Urban Large (population over 250,000)
- ☐ Urban Other (population between 25,000 and 250,000)
- ☐ Rural (population below 25,000)
- ☐ Other – please specify below if you feel you do not fit into one of the categories given:

2. SECTION B: YOUR SCHEME(S) OR PROGRAMME

5. Please provide the scheme or programme name(s) *

6. Please provide a brief summary of the scheme(s) or programme. For example, locations, measures to be adopted, whether they are permanent or temporary measures, and how the scheme or programme will improve mobility, and/or assist with social distancing *

7. What will be the total cost of the scheme or programme (including VAT)? (Note an estimate can be provided if the cost is unknown) *

8. What will be the capital cost of the scheme (including VAT)? (Note an estimate can be provided if the cost is unknown) *

9. What will be the revenue cost of the scheme (including VAT)? (Note an estimate can be provided if the cost is unknown) *

10. This expenditure is not intended to be used for any consultancy spend. Are you intending to use consultants? *

☐ Yes

☐ No

If yes please provide details

11. Is your authority developing a Local Cycling and Walking Infrastructure Plan (LCWIP)? *

☐ Yes

☐ No

3. LCWIP DETAILS

12. Is the proposed scheme located on or within the cycling/walking network plan? *

☐ Yes

☐ No

13. Has the proposed scheme been identified in the prioritised list of schemes in your LCWIP? (note: this is not a compulsory requirement for applications) *

☐ Yes

☐ No

4. SECTION C: SCHEME DETAILS

14. What measures will be adopted? Please select all that apply. Please note that for all measures, appropriate access for freight deliveries, bus routes, taxis and disabled people needs to be appropriately considered. *

Point closures

Segregated cycleway (permanent)

Segregated cycleway (temporary)

New permanent footway

New temporary footway

Widening existing footway

Restriction or reduction of parking availability, (e.g. closing bays or complemented by increasing fees)

Park and cycle/stride/scooter facilities

Bus corridor

Cycle counters and/or other active travel data management diagnostics

Other (please specify):

15. If applicable, what is the route length of the scheme (s)? Note an estimate can be provided if the distance is not yet known

16. When are the works expected to be completed? *

17. When is the scheme(s) expected to be open to the public? *

18. Will Traffic Regulation Orders be required? *

- ☐ Yes
- ☐ No

19. Please confirm you have read the statutory guidance for local authorities (<https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities>) and have consulted with bus operators, hauliers and local groups representing disabled people as appropriate. *

- ☐ Yes
- ☐ No

20. Have you considered how the scheme(s) or programme will be evaluated and will you ensure that appropriate monitoring measures will be put in place? *

- ☐ Yes
- ☐ No

5. SECTION D: DECLARATION

I confirm I have read and understood all the details in the accompanying letter sent on 27 May 2020, including the terms and conditions.

I confirm that the Senior Responsible Officer and the Section 31 Officer (or equivalent with delegated authority) have also read and understood the letter.

I declare that the information given is, to the best of my knowledge, correct.

I confirm that the authority will have all the necessary statutory powers in place to ensure the planned timescales in the application can be realised.

I declare that the scheme cost estimates quoted in this bid are accurate to the best of my knowledge and that the authority:

has allocated sufficient budget to deliver this scheme on the basis of its proposed funding contribution;

accepts responsibility for meeting any costs over and above the DfT contribution requested, including potential cost overruns and the underwriting of any funding contributions expected from third parties; accepts responsibility for meeting any ongoing revenue and capital requirements in relation to the scheme;

accepts that no further increase in DfT funding will be considered beyond the maximum contribution requested and that no DfT funding will be provided;

confirms that the authority has the necessary governance/assurance arrangements in place.

I also understand DfT may request further details as to the schemes and costs therein.

21. Reporting Officer details *

Name

Teleph
one
numbe
r

Email
address

Postal
address

22. Senior Responsible Officer details *

Name

Telephone
number

Email address

23. Section 31 Officer (or equivalent with delegated authority) details *

Name

Telephone number

*

Email address

*

24. Please add further details or clarification