

# Community Transport Grant Application

Please ensure all sections are completed as incomplete applications will not be considered. Ensure any supporting documents are attached.

For optimum performance when completing our application forms please open the document in Adobe Acrobat/Reader.

Where needed, please provide additional information on a separate sheet.

## Section One

### Applicant Organisation Information

Charity/Organisation name

Postal address

**Please indicate your organisational structure**

- |                                  |                          |                                      |                          |
|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| Charity Company                  | <input type="checkbox"/> | Charitable Incorporated Organisation | <input type="checkbox"/> |
| Community Interest Company (CIC) | <input type="checkbox"/> | Community Benefit Society (CBS)      | <input type="checkbox"/> |
| Company Limited by Guarantee     | <input type="checkbox"/> | Other                                |                          |

Registered Charity Number/Company  
Registration Number

Primary contact

Job title of primary contact

Telephone number

Email address

## Section Two

### Eligibility Checks

**Please review the below checklist and indicate which of the eligibility criteria apply to your Community Transport scheme. The West of England Combined Authority may not support your application if you do not meet certain criteria we deem pertinent to your scheme.**

- You are an incorporated organisation overseen by, and subject to the rules of a regulator such as the Charity Commission or Companies House.
- You are seeking funding to support disabled, elderly and/or other isolated groups and communities.
- You are seeking this funding to support residents within the West of England region.
- You are seeking funding for activities that fall within Community Transport.
- You are an established operator with a membership base, serving a defined geographical area within the West of England region.
- You are collaborating with similar CT operators to where possible.
- You have not been financially bailed out nor faced bankruptcy in the last 3 years.
- You have the financial stability to continue operating with or without the grant.
- Your directors or trustees are not barred from holding their positions.
- Your services operate between the hours of 08:00hrs to 18:00hrs.
- Your services are open and available to the general public.
- Individuals/groups are not excluded from your services because of any protected characteristics.
- Your organisation holds appropriate and valid section 19 or 22 permits.
- Your staff/volunteers have undergone appropriate training and safeguarding checks.
- You are not part NHS Trust/Service, Health Provider/statutory body or for-profit organisation (these are funded differently, see guidance notes).

## Section Three

### Funding Details & Questionnaire

Please indicate which service(s) the grant will be used for.

Dial-A-Ride  ShopMobility  Group Hire  Local/Day trips  Car scheme

Other than this grant, please list any existing source(s) of funding from WECA or any of the constituent authorities.

Outline the geographical area you intend to cover (please also attach a map if possible).

Are you requesting one-off, monthly or quarterly funding?

One-off funding  Monthly  Quarterly

How much (non-concessionary) funding did you receive from the Combined Authority last year?

How much funding did you receive from other sources last year?

What was your total revenue last year?

What is your estimated yearly income from concessionary reimbursements (this will form part of the overall total grant awarded).

Sources and amount of revenue/income for the stated period:

- a. Annual membership fee
- b. Annual revenue from membership/subscription
- c. Per trip fare (breakdown if necessary)
- d. Annual revenue from fares (excluding concessionary)
- e. Donations (e.g. one-time, recurring, legacy etc.)
- f. Others

What is/was your end of year balance?

How much is your current reserve if any?

What was your operational expenditure last year?

In total, how much grant funding are you seeking?

How much does this amount differ (+ or -) to that requested previously?

Please provide rationale below if you are requesting a different amount

If not seeking a one-off payment, please provide a proposed schedule of such payments

April	October
May	November
June	January
July	February
August	March
September	

Are you applying for, or have you already secured, any funding for these services from other sources?  
If so, please provide further detail.

**What will this funding be used for?**

Maintenance	<input type="checkbox"/>	Operating cost	<input type="checkbox"/>	Others (Specify below)	<input type="checkbox"/>
Capital cost	<input type="checkbox"/>				

**Funding request by service**

Group hires	Door-to-Door/Voluntary Cars
Local/Day trips	ShopMobility
Total amount	Admin cost

**Provide "actual" figures against the below on what you believe you can commit to maintain with this grant. We suggest you base this on an average of your recent figures. These figures will form the basis of our ongoing monitoring process. We also invite you to set yourself aspirational figures or "targets".**

**Average passenger numbers/hires**

Actual      Target

Average monthly passengers for door-to-door trips (count return trips twice)

Average monthly passengers for regular local/day trips (count return trips twice)

Average monthly passengers for voluntary car trips (count return trips twice)

Average monthly shopmobility trips

Average monthly group vehicle hires

**Resources/assets available**

Total number of paid drivers

Total number of volunteer drivers

Average number of operational days per month

Total available vehicles (or wheeled aids for shopmobility)

... Of which are available for door-to-door

... Of which are available as voluntary cars

... Of which are available for regular local/day trips

... Of which are available for group hire

... Of which are CAZ compliant

**Registered membership/Groups**

Current registered members

Current registered groups

**Operating days**

Mon     Tues     Weds     Thurs     Fri     Sat     Sun

Provide exact details of your operating hours

**1. Explain what your organisation is with reference to your values and what kind of Community Transport operation you deliver.**

**2. With reference to the benefits it will bring your community, justify why we should be giving you the specific grant amount you have requested.**

**3. What are your overarching objectives/targets for this funding cycle should you secure this grant? (e.g. 'To increase the size of an existing fleet to support more disabled people and isolated communities').**

**4. Please explain your booking process (e.g. do you have a website) And what times are your phone lines operational for telephone bookings?**

**5. If you have a bus/car fleet, is it accessible? (e.g. wheelchair accessible, low floor, tail-lift). Please provide details with reference to the maintenance regime of this equipment.**



**6. How do you currently advertise and promote your services to increase/maintain your membership. Do you have any innovative plans to promote your services during this grant funding period?**

**7. What do you consider to be your immediate, short-term, and long-term challenges and is there anything we at the the Combined Authority can do to help alleviate those challenges.**

**8. If other partner(s)/ organisation(s) will be involved in delivery of the proposed services, please provide further detail including a description of their role.**

**9. What is your membership/eligibility criteria? Please briefly explain the process of becoming a member of your organisation.**

**10. Please provide details regarding the delivery of staff training and safeguarding checks if this is necessary for your CT operation (e.g. Customer Service training, MiDAS, DBS checks).**

**11. Please explain your complaints procedure.**

**12. What is your organisation's mission objectives during this funding cycle?**

## Section Four

### Supporting Documentation and Confirmation Statements

**Please ensure that your application has the following supporting documents attached:**

- A map or list of the area your organisation covers.
- Governing documents for the organisation. In most cases this will constitute a Memorandum and Articles of Association.
- Audited/independently examined accounts for organisation covering the last financial year (2024/25).
- The latest management accounts/balance sheet available for your organisation.
- If not included in the above management accounts, a schedule of forecast income and expenditure for the current and forthcoming financial year.
- A copy of your safeguarding and equal opportunity policy
- Copies of Employers/Public Liability and Fleet Insurance

**Please confirm whether your organisation maintains the following policies:**

- Whistleblowing Policy
- Data Protection Policy
- Anti-Bribery and Conflict of Interest Policy
- Modern Slavery and Human Trafficking Policy
- Equal Opportunities Policy

If any of the above policies are not maintained, then please provide information as to why this is the case.

Has your organisation had any material breaches or serious incidents relating to any of the above policies which has needed to be reported to the regulatory body, such as the Information Commissioner's Office (ICO) or Charity Commission, within the last 5 years? This should include any ongoing breaches.

Yes  No

If yes, please provide further detail on the breach, who it was reported to and the outcome.

Please confirm that all required filings have been made, and that your organisation is currently in good standing with all relevant regulators.

Yes I confirm we are in good standing with regulators

No we are not in good standing with operators

We consent to credit check being carried out

## Section Five

### Declaration

**I confirm that all the information included in this application is accurate.**

Knowingly providing false information will invalidate your application and nullify any offer of funding that may have been made on the basis of this document.

Signature

Name

Position held

Date

## Section Six

### To be completed by Combined Authority officers

Approved

Varied

Rejected

Rational for approval/variation/rejection

Manager name                      Signature                                      Date

Name of budget holder              Signature of budget holder                      Date

Completed forms to be returned by 23:59 on Monday 6 January 2025. Please return your form via email to [community.transport@westofengland-ca.gov.uk](mailto:community.transport@westofengland-ca.gov.uk)