Funded by UK Government

Love Your Bus 2 - Grant Application Form

Please use the grant application guidance to complete this form. This form can be used in preparation for completing the online application form which can be found here.
Please note: the online application must be completed and submitted in one sitting.
Please read Love Your Bus application guidelines and Bid Criteria for Parish and Town Councils before completing this form.

SECTION 1 – Applicants Details	
1. Please confirm you have read the Love Your Bus 2 Guidance Notes and Bid Criteria before starting this application. *	○ Yes ○ No
2. Are you applying on behalf of	○ Parish Council ○ Town Council
3. Contact name and job title*	
4. Contact email address*	
5. Contact telephone number*	
6. What is your organisations address *	
7. Is this a joint application*	○ Yes ○ No
7a. If you answered "Yes" please list all Parishes included in this joint application.	
SECTION 2 – Bus Service Information	
8. Bus service details* • Service number	

• Name of transport provider • Bus Service Start and Destination	
9. Transport Provider Support Letter* Please confirm that the Transport provider of the service has provided you the letter/email to supports this application and the letter confirms agreement to share passenger data for monitoring purposes.	○ Please confirm that the transport provide of the service has provided required letter/email and it is attached to this application.
10. County Councillor Support Letter * • Name of Supporting County Councillor Please upload written or email evidence of support from your County Councillor.	○ Please confirm that the chosen County Councillor has provided required letter/email and it is attached to this application.
SECTION 3 – Project Details (This part will be scored)	
11. Full project description* Please describe your proposed project using the prompts below. You may use bullet points. **11a.** What are your project objectives and how you will achieve them	
11b. What you are investing in (how you will spend the money)	
11c. Summarise how your project will help increase passenger numbers on this service	

11d. Specify any specific groups who will benefit	
11e. Sustainability – please provide how you expect passenger numbers to be sustained once grant funding ends	
12. Project Partners* Do you have any partners supporting your project, who will also help you to deliver it?	○ Other Local Authority ○ Bus Use Group ○ Schools / Colleges / Universities ○ Charities / Non-profits ○ Local Businesses ○ Local Community Group ○ Other (please specify): _____
13. Projects timeline* • Expected project start date • Confirm that grant-funded spending on the project will be completed by 31 March 2027.	○ Confirm that grant-funded spending on the project will be completed by 31 March 2027.
14. Evaluation of impact * If successful, do you agree to measure the impact of your project and send ECC information quarterly including a brief end of project report?	○ Yes ○ No
SECTION 4 – Financial	
15. Love Your Bus Grant Request* How much funding are you requesting for your Love Your Bus project?	○ £
16. Additional Contributions: Is your organisation or any partners contributing additional funding to this project? Please list each contribution separately. (Leave blank If no other contribution)	○ £ ○ £ ○ £

17. Total Project Cost* What is the total cost of the project?	○ £

18. Grant Spending Breakdown: Please specify the main areas where the grant funding will be spent, along with estimated amounts. Examples: staff costs, resources, equipment, evaluation, marketing, etc. *

Area of spend	Amount (£)

SECTION 5 - Declaration

19. Confirmation of Grant Agreement Understanding*
Please tick the box to confirm that you have read and understood the Intended Grant Agreement.

- ○ We understand that if the project or any information in this application changes before the award panel review, we must inform Essex County Council immediately. We confirm that we are authorised to submit this application on behalf of the applicant organisation and that we have read, understood, and accept the guidelines and criteria.

19a. Agreement to Terms and Conditions (if successful)*
If your application is successful, you will be required to formally agree to the grant terms and conditions and sign the agreement before any funds can be released.
Please ensure you have read the Intended Grant Agreement

By signing below, you confirm that:

- ○ You have read the Intended Grant Agreement
- ○ You are authorised to complete this declaration on behalf of the applicant organisation
- ○ Signed agreement will be returned to ECC within 6 weeks of receipt

Signature* (Add Initials)	
Date*	
Authorised Signatory (if different) Add name and Role	

20. Before submitting this application*
Please ensure you have uploaded the following documents:

- **Transport Support Confirmation Letter**
- **County Councillor Support Letter**

If you experience any issues uploading these documents, please email them to: IPTU.applications@essex.gov.uk
Be sure to include your Response ID in the email. (Please make a note of your Response ID after submitting your application.)

Important:
Your application **will be rejected** without these documents.

* Denotes required question