# Application Form

## Grant for

Permanent Sustainable Mobility Measures Competition

## as part of the

EUROPEAN**MOBILITY**WEEK

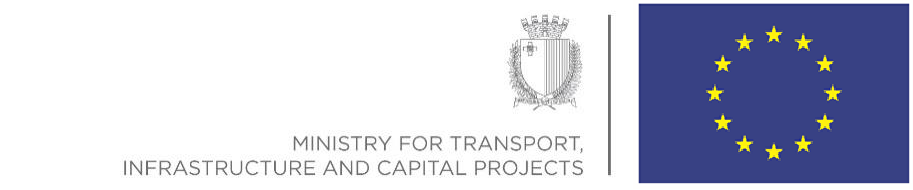
16-22 September

# Malta 2022

Icon

Description automatically generated

**4th SEPTEMBER 2022**



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| --- | --- |
| **1. The Applicant** | |
| **Applicant Local Council** | |
| Address of the Local  Council’s main office |  |
| VAT No. |  |
| Name of Mayor |  |
| Mayor’s Email address |  |
| **Contact Person** | |
| Name and Surname |  |
| Telephone and Mobile |  |
| Email |  |

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| **Partner Local Council (if applicable)** | |
| **Local Council** |  |
| VAT No. |  |
| Name of Mayor |  |
| Contact Person |  |
| Telephone/Mobile |  |
| Email |  |

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| **Bank Details** |  |
| Bank’s Name & Address |  |
| IBAN Number |  |
| Swift Code |  |
| Email address: |  |

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| **Contact Person**  **Responsible for Finance** |  |
| Name: |  |
| Telephone: |  |
| Mobile: |  |
| Email address: |  |

| **2. Detailed Description of the Permanent Measure** | |
| --- | --- |
| Title of the Measure |  |
| Aims and Objectives |  |
| Identification of the  Problem which the measure will target |  |
| Description of the  Measure |  |
| **Theme under which the measure is being submitted:** | *Tick where applicable.* |
| EMW 2022  Theme 1:  ***‘Better Connections’*** |  |
| Theme 2: Environmental and Energy: |  |
| Theme 3:  Sustainable Urban Planning: |  |
| Theme 4:  Sustainable Transport: |  |
| **Explain how your measure addresses the theme/s indicated above** | Theme 1: EUROPEAN**MOBILITY**WEEK 2022 ‘Better Connections’ |
| Theme 2 - Environmental and Energy: |
| Theme 3 – Sustainable Urban Planning: |
| Theme 4 - Sustainable Transport: |

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| **Target Group(s)** | *Tick where applicable.* |
| Children |  |
| Parents |  |
| Tourists |  |
| Workers |  |
| Employers |  |
| Mobility impaired  citizens |  |
| Elderly |  |
| Other (please specify) |  |
| **Location where the measure will be implemented (if applicable)** | *Attach site plan as an Annex.* |
| **Permits required to implement the**  **measure (if any)** | *Tick where applicable.* |
| PA Full Permit |  |
| PA DNO |  |
| TM Permit |  |
| Other |  |
| **Please indicate the current stage of the permit application**  **process (if applicable)** |  |

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| **3. Data Collection** | |
| **Expected Results** |  |
| **Success Indicators** | *Explanation of the chosen Indicator.* |
| Indicator 1: |  |
| Indicator 2: |  |
| Indicator 3: |  |
| Indicator 4: |  |
| Indicator 5: |  |
| **Frequency of data collection** |  |
| **Is Baseline Data going to be collected?** | *Yes/No* |
| **If ‘*No’* please justify**  **your answer.** |  |

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| **4. Measure Implementation** | |
| **Implementation Plan** | *Add a Gantt Chart as guided in the Competition Manual as an Annex.* |

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| **5. Measure Budget** | | |
| **Line Item** | **Description (Type/ Quantity of Units to be purchased)** | **Cost (Euros)** |
| Equipment  (if applicable) |  |  |
| Infrastructure (including  works/ trenching etc. as applicable) |  |  |
| Fees required for external experts  (if applicable) |  |  |
| Fees required for permits  (if applicable) |  |  |
| Fees required for surveys  (if applicable) |  |  |
| Software (if applicable) |  |  |
| Other |  |  |
| **Marketing and**  **Promotion** |  |  |
|  | | |
| **Total Capital Costs** |  |  |

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| **Operational Costs** | |
| Please confirm that the Local Council will be able to support the operational costs required to maintain  the proposed measure. | *Yes/No* |
| If no, please indicate  how the operational costs will be funded. |  |
| Is this measure expected to generate  revenue? | *Yes/No* |
| Indicate the revenue expected to be generated per annum  (if any) |  |
| Are other sources of funding being  considered? | *Yes/No* |
| If yes, please give  details: |  |
| **Disbursement Schedule** | *Attach a Disbursement Schedule as guided in the Competition Manual as an Annex.* |

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| **Contributions from Partners** *(To be filled in by Consortia only)* | | |
| **Partner** | **Contribution** | **Allocated Budget** |
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| **6. Communication Strategy** | |
|  | **Communication Tools** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| … |  |

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| **7. Additional Comments** |
|  |

***Thank you for participating in the Competition for Permanent Sustainable Mobility Measures 2022.***

*In case your proposal is selected as a winner and/or finalist by the* EUROPEAN**MOBILITY**WEEK *Adjudication Committee, your Local Council or Consortium will be notified and invited for a one-to-one meeting with Transport Malta.*

\*\*TO BE PRINTED ON LOCAL COUNCIL LETTERHEAD\*\*

**COMMITMENT FORM**

|  |  |
| --- | --- |
| Name of Local Council |  |
| Locality |  |
| Mayor |  |
| Telephone No |  |
| Email Address |  |

Dear Sir/Madam,

On behalf of *Name of Local Council*, I hereby verify that the information contained within our application for the Competition for Permanent Sustainable Mobility Measures 2022, is an accurate reflection of the work that is being undertaken by *Name of Local Council* and have read and accepted the regulations of the competition.

Yours sincerely,

Name of signatory:

Mayor / Executive Secretary