

**Highways and Transport Traffic and Highways Community Works Fund**

**Improvement Identification Form**

# **Scheme name:**

Contact name:

City, town or community council:

Date:

Contact details:

The following form will be used by Pembrokeshire County Council to make an initial assessment as to the suitability for the identified improvement scheme within the Community Works Fund. This form is used to gather evidence and form a framework for further discussions with the relevant stakeholders.

The Community Works Fund enables City/Town/Community councils to apply for transport related improvements works up to a PCC committed contribution of £10,000. Match funding from City/Town/Community Councils of a minimum of 30% is requested, however more funding is welcomed and will be considered with regards to the scope of the scheme.

1. **Please briefly describe the key issue you are trying to resolve (please write in)**
* Pedestrian
* Cycleway
* Village gates
* Parking
* Bus stop
* Hedge/verge
* Signage
* Other/dropped kerbs

Please provide a brief description:

1. **What options have you already considered to address this issue? (please write in)**
2. **Are there any known safety issues that need to be addressed within this improvement?** (i.e., lack of visibility, volume of traffic, lack of safe crossing space) **(please write in)**
3. **Have you undertaken any consultation on this issue within your City/Town/Community council constituents? (please tick)**
* Yes, we have undertaken consultation
* No, we have not undertaken any consultation
1. **If yes, please describe and provide evidence (please write in)**
2. **Have you previously spoken to the Council about this issue? (please tick)**
* Yes, we have spoken to the Council on this issue.
* No, we have not undertaken any consultation.

Please provide a brief description of the outcome and any supporting evidence if you have previously spoken to the Council on this issue. **(please write in)**

1. **Could this project be linked to a wider scheme development or planning application in the area? (please tick)**
* Yes
* No
1. **If so, please provide a reference number or scheme name. (please write in)**
2. **What is your estimated timescale for this scheme? (please tick)**
* Within the next financial year
* Within the next two years
1. **Is there any other information that you would like us to know about your scheme? (please write in)**

All completed forms and supporting material should be emailed to:

**communityworks@pembrokeshire.gov.uk**