

# Ward Community Cohesion Fund Proposal Form

Please read the Guide to the Ward Community Cohesion Fund before you fill in this form

Then complete Section 1: Budget Proposal.

If you are proposing to deliver the project yourself, please complete Section 2: Delivery agency as well. We can help you with this or do it for you – see who to contact in the **Guide to the Ward Community Cohesion Fund**.

Continue or separate sheets if you need to, or expand the boxes if you are filling in the form electronically.

## Section 1: Budget Proposal

1. Name of Ward

2. Title of proposal

3. Name of group or person making the proposal

4. Short description of proposal. Please include information on **how the money will be spent, who will benefit, when they will benefit, and how we will know when the proposal has been successful.**

It is important that your answer to this question is clear, because we will only pay the costs when we can see evidence that the outcomes you describe here have been achieved. You can provide further details in your supporting information if you want to.

To provide an opportunity for residents to participate in a community wide vent – perhaps a trip to the theatre or similar. Priority to be given to older who may be experiencing isolation.

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5. Which Ward Community Cohesion Fund criterion or criteria does your proposal support? Please give details of how it does this for each criterion (Add further rows or continue on a separate sheet if needed).

Criterion no.	Details of how your proposal supports the criterion
Theme 2:2B	
Theme 3:3A	

6. Have you provided any supporting information?  Tick if yes

7. What is the total cost to the Community Meeting?

8. How have you estimated or calculated the cost? Please show each item of expenditure and say whether it is an estimate or an actual cost.

Item	Cost £	Estimate or actual cost?
Coach hire	400	
Part admission costs	100	
<b>Total</b>	<b>500</b>	

9. Have you tried to get funding for this project from anywhere else, either in the Council or from another organisation? If so, please give details

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10. Who proposed the project? Please provide contact details.

Name of contact person	Cllr Michael Cooke
Your position in organisation or group	Ward Councillor
Name of organisation or group	L.C.C.
Address	
Phone number	Email
07890 564696	michael.cooke@leicester.gov.uk

**Section 2: Delivery agency (this could be a single person, group of people or a group or organisation)**

11. Who will deliver the project? Please provide contact details.

Name of contact person	Nicky Wales
Your position in organisation or group	Service Manager Children and Young People
Name of organisation or group	Turning Point Womens Centre
Address	
27 Cantrell Road, Leicester LE3 1SD	
Phone number	Email
2405884	nicky.wales@tpwomen.org.uk

12. Declaration

I have read the *Guide to the Ward Community Cohesion Fund* and I accept the arrangements described in that guide. I confirm that the information I have given on this form is true. I will inform the council immediately if any of the information I have given on the form changes.

Name	Michael Cooke
Signature	
Date	4/3/09

Please send this completed form back to:

Karen Shelton, Member Support Team, 2<sup>nd</sup> Floor, Town Hall, Leicester City Council, LEICESTER, LE1 9BG.

Fax No: 0116 229 8827