Ward Action Plan Budget Proposal Form

Please read the Guide to the Community Plan Budget 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 Community Plan Budget**.

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

Section 1: Budget Prop	posal
------------------------	-------

1. Name of Ward	Braunstone Park and Rowley Fields
2. Title of proposal	Ward transport

3. Name of group or person making the proposal

The Ward Meeting

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 and detailed, 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 transport for key events which the ward meeting considers a priority and where otherwise transport would not be available.

5. Which priority or priorities in the Ward Action Plan does your proposal support? (Add further rows or continue or a separate sheet if needed).		
Priority number and priority description (taken from	the Ward A	ction Plan
General		
support		
1		
6. Have you provided any supporting information?		Tick if yes
7. What is the total cost to the Community Meetin	g?	£1,000
8. How have you estimated or calculated the cost expenditure and say whether it is an estimate or an		
Item	Cost	Estimate or
	£	actual cost?
Hire of vehicle	1,000	Estimate
	1,000	
Total	1,000	
Total	1,000	
9. Have you tried to get funding for this project from the Council or from another organisation? If so, ple		

10. Who proposed the project? Please provide contact of	ietails.
---	----------

Name of contact person	Cllr Michael Cooke
Your position in organisation or group	Ward Councillor
Name of organisation or group	L.C.C.
Address	
DI I	I — "
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	Steve Letten
Your position in organisation or group	Members Support Officer
Name of organisation or group	L.C.C.
Address	
Phone number	Email
0116 2298821	Steve.letten@leicester.gov.uk

12. Declaration

I have read the *Guide to the Ward Action Plan Budget* 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	
D .	3/3/09
Date	

Please send this completed form back to: Bhawna Arya, Member Support Team, 2nd Floor, Town Hall, Leicester City Council, LEICESTER, LE1 9BG. Fax No: 0116 229 8827