vvard 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.

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Section	1:	Budget	Proposal
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-8 JAN 2010

1. Name of Ward

Freemen Ward

MEMBERS' SUPPORT

2. Title of proposal

Independent Education Advice

3. Name of group or person making the proposal

Peter Thomson Saffran Resource Centre

 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.

Host Saffrm Resource Centre service user live in Freemen ward Freemen families continue to seek independent advice a representation to challenge decisions regarding school exclusion, special educational needs, disability discrimination and school choice saffran Resource Centre is committed to promoting school inclusion improved school inclusion relates to the problems of lack of youth provision, graffiti and anti-social behaviour set ait in the word Action Plan 2009-10. We are looking for a from Contribution to operating costs for six marths.

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	
Priority number and priority description (taken from the last social he havian) graditi	Vard Action Plan
6. Have you provided any supporting information? In further information please see www.sicentre.org.uk 7. What is the total cost to the Community Meeting?	Tick if yes
How have you estimated or calculated the cost? Pleasexpenditure and say whether it is an estimate or an actual.	se show each item of
Item	- I - I - I - I - I - I - I - I - I - I

Salary for 6 months half time	Cost £	Estimate or actual cost?
ratary on-costs (12/)	5184	
	1161	
Total requested from the hund	2000	-
otal	2000	

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

Formal applications have been made to: Carmenty (egal Advice Centre / Cercestor City Connect Parenting French Application (2 year funding) Equality + Human Rights Carmeisian Application (3 year funding) Local Extended Schools Services The Cast success ful grant application preducation advice was awarded by Saffan Neighbarshood Management and expired in March 2009. This advice service has continued inthat external funding ince that time. Internal resavers for the advice work are awarded.	T. T.	- Sine details
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10. Who proposed the project? Please provide contact details.

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Name of contact person	Peter Thomson
Your position in organisation or group	11/01/1 +: 1
Name of organisation or group	
Address	Independent Education Advice
Saffon Recover Centre 432 Saffon Lone Levestor LEZ 653	
Phone number	Email
0116 283 7212	Peter Thomson@stcentre.org.uk
	Town. Old. ak

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

Who will deliver the project? Please provide contact details.

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Name of contact person	Peter Thanson
Your position in organisation or group	Advice worker
Name of organisation or group	Machan Lat To
Address	independent Education Advice
Saffron Resource Centre 432 Saffron Lome Leicettu LEZ 65B	
Phone number 0116 2 \$3 7 212	Email Petr. Thumson@sicentre.org. ul
AND	177

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 .	Peto Thansay	
Signature	Pit-Theman	-
Date	8/1/10	

Please send this completed form back to: Karen Shelton, Member Support Team, 2nd Floor, Town Hall, Leicester City