



Leicester
City Council

For internal use only by Members Support Team:

Unique reference number 1723

Date scanned in _____

This application will be considered as (please circle):

Ward Action Plan

Community Cohesion

Ward Community Fund

Ward Meeting Grant Application Form

Please read the "Guide to Ward Meeting grants and how to apply" before you fill in this form.

On completion please submit a signed paper copy of the form to:
Karen Shelton, Member Support Team, 2nd Floor, Town Hall, Leicester City Council, Leicester LE1 9BG. Fax No: 0116 229 8827

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

1. Name of Ward(s) to which you are applying for funding

Castle ward	LEICESTER CITY COUNCIL 31 AUG 2010 RECEIVED MEMBERS SUPPORT
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2. Name of your project/proposal

Senior Citizen / Elderly Lunch Club Day Centre

3. Name of group or person making the application

Leicester Sikh Centre Lunch Club

4. Detailed description of proposal. Please tell us:

- What is the proposal (where and when)?
- If you are planning an event who will attend, and where will does your target audience come from?
- How will we know the proposal has been successful?

It is important that your answers to this question are clear so that the Ward Meeting can fully understand your proposal.

Our Lunch Club and day Centre also Provides : benefit advice , Invite health officials to give advice on

- i health issues
- ii Exercise and keefit sessions
- iii healthy eating advice
- iv health living advice

most of our elderly people come from Castle ward.

5. Have you attached any supporting information? YES NO
(Please tick)

6. Does your organisation have audited accounts? YES NO
(Please tick)

If yes please submit your latest set

7. Does your organisation have a constitution? YES NO
(Please tick)

If yes please submit your constitution

already with L.C.C

8. How much are you applying to the Ward Meeting(s) for? £

11. Details of recipient

If your application is successful the grant will be paid by cheque to your organisations bank account. Please provide the payee name which appears on the account.

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Alternatively if you wish to be paid by BACS please provide bank and sort code details on headed paper and attach to the application.

12. Declaration and contact details

I have read the 'Guide to Ward Meeting Grants' and I understand and 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. I accept that Leicester City Council may reject this application or withdraw any funding provided if any of the information submitted is inaccurate.

I agree to complete a project evaluation form once the project has been completed (failure to do so may count against you receiving future funding).

Name of contact person KARMJIT SINGH MINHAS	
Your position in organisation or group TREASURER	
Name of organisation or group Leicester Sikh Centre Lunch Club	
Address 219 - 227 Clarendon Park Road, Leicester. LE 2 3AN	
Phone number <input type="text"/>	Email
Signature K. Minhas	Date 28.08.2010

Please send this completed form back to:

Karen Shelton, Member Support Team, 2nd Floor, Town Hall, Leicester City Council, Leicester LE1 9BG. Fax No: 0116 229 8827

Failure to sign the form may result in delay in the processing of your application