

For internal use only by M	lembers Support Team:
Unique reference number _	M23
Date scanned in	
This application will be co	nsidered as (please circle);
Ward Action Plan	(piease circle);
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.

ard(s) to which you a		LEICESTER CITY
		3 1 ALO 0
Castle	Ward	REGEN

2. Name of your project/proposal

Senior Citizen / Elderly Lunch Club Day Centre

3. Name of group or person making the application

Leicester Sibl Centre Lunch Club

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
2 health issues
IL Exercise and buffit sessions
ili healthy esti
ili healthy eating advice
health living advice
Castle ward. People come from
Have you attached any supporting information? YES NO
6. Does your organisation have audited accounts? YES NO
If yes please submit your latest set
7. Does your organisation have a constitution? YES V NO
If yes please submit your constitution already with L.C.C
8. How much are you applying to the Ward Meeting(s) for?
2,000 -00

Please show each item of expenditure and say whether it is an 9. estimate or an actual cost. Costings should be as accurate as possible and in most cases be based on quotes. If it is an actual cost please provide quotes and any other written confirmation. In the final column please show which elements of your project you are applying to the

Item	Cost £	Estimate or Actual cost (E or A)?	Request to Ward Meeting (£)
Please See Accoun	ts SI	ect	
Total			

Have you obtained or are you trying to obtain funding for this project from anywhere else, either Leicester City Council or from another organisation? If so, please give details including:

Name, address, phone number and any other contact details of the funder.

The amount requested or received.

When do you expect a decision if you do not know already?

Please note that a failure to disclose any relevant information relating to other funding streams may result in your application being rejected or any offer of funding being withdrawn.

Last year 2009/10 we received a grant from L.e.C. for Lunch Club of \$308-83. We are going to receive the some amount for the year 2010/11. We don't charge any money from people attending Lunch Club. Statement of Income Expenditure for 2009/10 is enclosed.



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.

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 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).

	5 tariding).
Name of contact person KARMJIT SINGH MINHAS	
Your position in organisation or group	
TREASURER	
Name of organisation or group	
Leicester Siph Centre L	unch Club
Address 219-227 Clarendon Leicester. LE 2 3AN Phone number	Park Road
And a first of the state of the	Email
Signature	Date

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