



Leicester
City Council

For internal use only by Members Support Team:

Unique reference number _____

Date scanned in _____

This application will be considered as (please circle):

Ward Action Plan

Community Cohesion

Ward Community Fund

LEICESTER CITY COUNCIL

17 JAN 2011

RECEIVED
MEMBERS' SUPPORT

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

BEAUMONT LEYS
AYLESTONE, EYRES MONSELL & FREEMEN
NEW PARKS & WESTERN PARK
BRAUNSTONE, ROWLEY FIELDS & WESTCOTES

2. Name of your project/proposal

ACTIVE WOMEN

3. Name of group or person making the application

LOVE HOOPS FOUNDATION

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.

WE ARE PART OF THE STREETGAMES CONSORTIUM THAT SUCCESSFULLY BID TO SPORT ENGLAND FOR FUNDING FROM THEIR ACTIVE WOMEN PROGRAMME THAT TARGETS DISADVANTAGED YOUNG WOMEN.

OUR PROJECT INVOLVES OFFERING COACHING AND PLAYING OPPORTUNITIES TO OVER 360 YOUNG WOMEN IN LEICESTER AND THEN GIVING THEM THE OPPORTUNITY TO TAKE COACHING AND REFEREEING QUALIFICATIONS AIMING TO ESTABLISH 6 NEW BASKETBALL CLUBS IN THE CITY OF LEICESTER.

WE WILL MENTOR THE YOUNG WOMEN AND GIVE ALL THE SUPPORT AND ADVICE NECESSARY TO MAKE THIS PROJECT SUCCEED.

WE HOPE TO OVERCOME THE FOLLOWING BARRIERS:
ACCESS: THE PROJECT WILL PROVIDE OPPORTUNITIES FOR YOUNG WOMEN TO PARTICIPATE IN SPORT. ONE OF THE MAIN ISSUES IS YOUNG PEOPLE NOT BEING ABLE TO ACCESS SPORTS FACILITIES. THE PROJECT WILL ADDRESS THIS AND HAVE SESSIONS IN PLACE UP AND RUNNING IN THEIR OWN COMMUNITIES.
FINANCE: THE FUNDING WILL ADDRESS THE ISSUES THAT YOUNG PEOPLE IN DISADVANTAGED COMMUNITIES HAVE. LOW INCOME FAMILIES WITH VERY LITTLE ACCESS TO MONEY TO PAY FOR SPORTS ACTIVITIES.
CULTURAL/RELIGIOUS: THE PROJECT WILL ADDRESS YOUNG WOMEN'S PERCEPTIONS OF SPORT. WE WILL HAVE FEMALE COACHES FROM THE AREA THAT WILL ACT AS POSITIVE ROLE MODELS FOR THE YOUNG PEOPLE TO LOOK UP TO. YOUNG WOMEN MAY NOT HAVE ANY LOCAL FEMALE ROLE MODELS TO ASPIRE TO SO HAVE NOT REALISED SPORT IS AN OPTION FOR THEM. THE PROJECT WILL ADDRESS THIS AND LET THE YOUNG WOMEN KNOW THAT SPORT IS AN OPTION FOR THEM AND THAT THERE ARE POSITIVE WOMEN ROLE MODELS OUT THERE TAKING PART IN SPORT REGULARLY.

OUR TARGETS ARE:

- PUT 12 LEVEL 1 COACHES AND 6 LEVEL 2 COACHES THROUGH PROGRAMME
- MINIMUM OF 2 VOLUNTEERS FROM EACH CENTRE, HOPEFULLY MORE!
- 32 CHAMPIONS 2 FROM EACH CITY SECONDARY SCHOOL TO BE OUR EYES AND EARS
- TO TRAIN 12 NATO QUALIFIED TABLE OFFICIALS AND 12 REFEREES PLUS THE COACHES
- 6 NEW CLUBS ESTABLISHED WITH CENTRAL ADMINISTRATION AT FIRST TO BECOME SELF SUFFICIENT AT START OF YEAR 3 LOOKING FOR AT LEAST 12 PLAYERS TO REGISTER FOR EACH TEAM
- EACH GROUP WILL HAVE 10 SESSIONS OF COACHING AS PART OF THE PROGRAMME. WE WOULD LOOK FOR FURTHER FUNDING ONCE ESTABLISHED TO CARRY ON THE PROGRAMME LEADING TO THE CLUB DEVELOPMENT
- ONCE WE HAVE THE TEAMS ESTABLISHED THEY WILL TAKE PART IN MONTHLY TOURNAMENTS OVER THE TWO YEARS
- RETAINING 100 NEW PLAYERS OVER TWO YEARS AS MEASURED BY NGB REGISTRATIONS

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

8. How much are you applying to the Ward Meeting(s) for? £2000

9. Please show each item of expenditure and say whether it is an 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 Ward Meeting for?

Item	Cost £	Estimate or Actual cost (E or A)?	Request to Ward Meeting (£)
COURT HIRE	6156	A	500
COACH FEES	3600	A	500
TRAINING COSTS	2500	A	500
EQUIPMENT	1200	A	500
TRAVEL EXPENSES	2000	E	
Total	15456		2000

10. 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.

SPORT ENGLAND ACTIVE WOMEN GRANT
LOVE HOOPS FOUNDATION
CITY OF LEICESTER LADY HOOPS

PROMISED £5156
PROMISED £2920
PROMISED £5380

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.

LOVE HOOPS FOUNDATION

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	
JON WILKINS	
Your position in organisation or group	
SECRETARY OF TRUSTEES	
Name of organisation or group	
LOVE HOOPS FOUNDATION	
Address	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Phone number	Email
0116 2386421	lovehoops@btinternet.com
Signature	Date
	15/1/2011

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