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 Proposal

1. Name of Ward

FREEMAN

2. Title of proposal

KINGITISHER CLAR UP

3. Name of group or person making the proposal

KINGFISHER YOUTH 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.

King fisher YC is being developed as a FA charging room / pitch. Therefore this is an opportunity to angage with both pertner and local young feople to undertake aclear up to the area. This would give ownership to I would people reduce ASB due to removing items such as missions and crestnanging trees. It is intended that most of the world would be carried out by persons on community Service supported by other assences.

Which priority or priorities in the Ward Action Plan does your proposal support? (Add further rows or continue or a separate sheet if needed).

3,1		
Cohesian		
Have you provided any supporting information	on?	Tick if yes worda
7. What is the total cost to the Community Me	eting?	£400-00
B. How have you estimated or calculated the concernment of the concern	r an actual cos	st.
tem	Cost	Estimate or actual cost?
Cost el equipment, skip,	400.0	
supervision, materials		
all for clain up.		
otal		
Fotal One of the council or from another organisation? If so,		
Have you tried to get funding for this projecthe Council or from another organisation? If so,	please give de	etails
Have you tried to get funding for this project	please give de	etails

10. Who proposed the project? Please provide contact details.

Name of contact person	LESLEY	BELL
Your position in organisation or group	Prso	NPT

Name of organisation or group	LEICESTERSMIRE
Address	CONSTABILLARY
2 HOULDITCH RO	40
LEICESTER	
LEZ 3FE	
LEZ SFL	and a committee of the
Phone number_	Email
0116 246 5671	Tosley, bena leicostecshire.
	action who

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.

Name of contact person	SUE GREEN
Your position in organisation or group	MANAGER
Name of organisation or group	LCC
LINWOOD	LANE ESTER
Phone number 011 b 283 2335	Email

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	DBudd
Signature	- Budos
Date	08/12/08

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