

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

Section 1: Budget Proposal

LEICESTER CITY COUNCIL

1. Name of Ward

ABBY

16 MAR 2009

RECEIVED

2. Title of proposal

Group outing

MEMBERS' SUPPORT

3. Name of group or person making the proposal

MRS B ROWLEY

4. 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.

PAYMENT TOWARDS COACH TRIP TO
SKEGNESS, FOR A PARTY OF 12 PEOPLE
INCLUDING MOBILITY EQUIPMENT.

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

Priority number and priority description (taken from the Ward Action Plan)

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6. Have you provided any supporting information? Tick if yes

7. What is the total cost to the Community Meeting? £ 200.00

8. How have you estimated or calculated the cost? Please show each item of expenditure and say whether it is an estimate or an actual cost.

Item	Cost £	Estimate or actual cost?
COACH COST (ELECT TRAVEL)	200.00	
Total	200.00	

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

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

Name of contact person	MRS B ROWLEY
Your position in organisation or group	CHAIRPERSON

Name of organisation or group	TUESDAY SOCIAL PRIZE DINGO
Address	TUDOR ROSE CENTRE
Phone number	
Email	

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

11. Who will deliver the project? Please provide contact details.

Name of contact person	MRS B. ROWLEY.
Your position in organisation or group	CHAIR PERSON
Name of organisation or group	TUESDAY SOCIAL PRIZE DINGO
Address	
Phone number	
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	MRS B ROWLEY.
Signature	B Rowley
Date	11/3/09

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