

Ward Community Cohesion Fund Proposal Form

Please read the Guide to the Ward Community Cohesion Fund before you fill in this form

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 the Ward Community Cohesion Fund**.*

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

2. Title of proposal

3. Name of group or person making the proposal

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, 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.

The Health Alliance wish to organise a community event to celebrate volunteering in the freemen ward area. The event shall be named the Safta's and will be held on November 27th at The Linwood Centre and nomination forms will be distributed throughout the Saffron area via 'Keeping saffron Posted'. To recognise the time, energy and hard work that volunteers in Saffron give to the area free of charge.

Last year Sheila Lock awarded over 100 local community members with a trophy at the Safta's and we hope that she will attend again this year.

The funding will pay for nomination forms to be distributed throughout Saffron in the 'Keeping Saffron Posted' project and the forms will be available in all public buildings. The fund will also pay for the paper & printing of Certificates and a buffet dinner on the evening.

5. Which Ward Community Cohesion Fund criterion or criteria does your proposal support? Please give details of how it does this for each criterion (Add further rows or continue on a separate sheet if needed).

Criterion no.	Details of how your proposal supports the criterion
3a	Improving the self-esteem of individuals by recognising and rewarding their time and energy they give to their community 3b)
3b	By recognising the value of their volunteering work they become role models for their community by showing leadership and commitment in their neighbourhood
2b	Creating further volunteering opportunities for young and older people to meet and share experiences through the Safta's event

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

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

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?
'Keeping Saffron Posted'	50.00	actual
Certificates & Printing	200.00	estimate
Volunteer Trophys	200.00	estimate
Catering	400.00	actual
Room hire	50.00	actual
Entertainment	50.00	actual
Total	950.00	

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

The Health alliance have applied to the Neighbourhood Management small grants fund for £500 to print the nomination forms and part pay for the awards given on the night.

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

Name of contact person	Nel Kirby
Your position in organisation or group	Chair
Name of organisation or group	Saffron Community Health Alliance
Address The Linwood Centre Linwood Lane Leicester LE2 6QJ	
Phone number 2832335	Email Nel.kirby@leicester.gov.uk

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	Karen Pickering
Your position in organisation or group	Secretary
Name of organisation or group	Saffron Community Health Alliance
Address The Linwood Centre Linwood Centre Leicester LE2 6QJ	
Phone number 0116 2453025	Email Karen.pickering@leicestercitynhs.uk

12. Declaration

I have read the *Guide to the Ward Community Cohesion Fund* 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	
Signature	
Date	

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