Ward Action Plan Budget Proposal Form

Please read the Guide to the Community Plan Budget 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 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 I	^o roposal	18 NOV 2009 RECEIVED
1. Name of Ward	KNIGHT	MENDERS SHODAR
2. Title of proposal	Cost of Tran	sport for outings and Subsiding outing
3. Name of group or	person making the propos	al Subsiding outrog
DROP -	IN in (knigh	ton Church Rooms)

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.

To pay for two coach outrigs. Pensioners of Dropin up to Bomenbers of 70 - 95 years old Inforthcoming year when de two trips have been organized. One will be to Barwell christmes pinner 5. Which priority or priorities in the Ward Action Plan does your proposal support? (Add further rows or continue or a separate sheet if needed).

6. Have you provided any supporting information?

E 600

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?
2 coaches.	600	Estimate
Total	600	

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	MAS M	MASON
Your position in organisation or group	SOCIAL	SECRETARY
Name of organisation or group	DROP	in
Address		
<u>6</u>		
		-
Phone number		~
Phone number	Email	-
Phone number	Email	
Phone number	Email	
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.

MRS M MASON
THIS TO THIS W
AS ABOVE
1 2 11/20 2 2 1
c 12-11
S ABOUR
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	
Signature	MIRS M MASOW
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Date	5/11/09