

Ward Community Cohesion Fund Proposal Form

15/09/09
Logged

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.

LEICESTER CITY COUNCIL

Section 1: Budget Proposal

15 SEP 2009

1. Name of Ward

SPINNEY HILL WARD

RECEIVED
MEMBERS' SUPPORT

2. Title of proposal

COMMUNITY CULTURAL AWARENESS

3. Name of group or person making the proposal

CENTRE FOR RESEARCH AND DEVELOPMENT FOR THE SOMALI COMMUNITY

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.

CRDS community PROJECT'S aim is to organise a series of training courses to make aware the members of different cultures in the city of Leicester. i.e. Hindu, Sikh, muslim & ~~christians~~ christians. Leicester is a Multi-cultural city and it is very appropriate that all the citizens know about different cultures being practised by different people in Leicester. This will bring down the barriers and will promote social harmony.

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 |
|---------------|---|
| | Supporting the Social Integration of Communities in |
| | Building Confidence and a sense of belonging about |
| | Addressing the immediate social tensions in city |
| | Improving communication and information about Community Cohesion |

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

7. What is the total cost to the Community Meeting? £1250.00

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? |
|--|--------------|-----------------------------|
| 4 Session of cultural awareness on Hinduism, Sikhism, Islam & Christianity @ £250.00 | 1000 | actual cost |
| Publicity | 100 | actual cost |
| Room hire £25.00 x 4 sessions | 100 | actual cost |
| Photographs | 50 | actual cost |
| Total | 1,250 | |

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

No.

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

| | | |
|--|--|--|
| Name of contact person | MR BELIAN MOHAMUD. | |
| Your position in organisation or group | CHAIRMAN | |
| Name of organisation or group | Centre for Research and Development | |
| Address | For the Somali Community. | |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| Phone number | <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | Email |
| | | <div style="border: 1px solid black; width: 250px; height: 20px;"></div> |

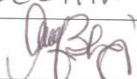
Section 2: Delivery agency (this could be a single person, group of people or a group or organisation)

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

| | |
|--|-------|
| Name of contact person | |
| Your position in organisation or group | |
| Name of organisation or group | |
| Address | |
| | |
| Phone number | Email |

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 | BELIAN MOHAMUD. |
| Signature |  |
| Date | 26/8/2009. |

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