

Ward Community Fund Proposal Form

Please read the **Guide to the Ward Community 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 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.

Installation of up to 12 waste bins to augment existing services to meet local requirements.

Existing mainstream programmes are already fully allocated and there is a community request for this facility, subject to community consultation

5. Have you provided supporting information? Tick if yes

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

£6,750

7. 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? |
|--|-----------|-----------------------------|
| cost of supply, installation and emptying of one bin | 450 | actual |
| | | |
| Total cost of 15 bins | 6,750 | actual |

8. 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

Existing mainstream programmes are already fully allocated

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

| | |
|--|----------|
| Name of contact person | As below |
| Your position in organisation or group | |
| Name of organisation or group | |
| Address Town Hall Leicester | |
| Phone number | Email |

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

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

| | |
|--|-----------------------|
| Name of contact person | Phillip Palmer |
| Your position in organisation or group | Area Services Manager |

| | |
|-------------------------------|------------------------|
| | Cleansing Services |
| Name of organisation or group | Leicester City Council |
| Address | |
| Phone number | Email |

11. Declaration

I have read the *Guide to the Ward Community 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 | 6 th January 2010 |

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