

Community Fund Proposal Form

Logged

Please read the Guide to the 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 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

LEICESTER CITY COUNCIL

1. Name of Ward

Fosse Ward

13 NOV 2009

2. Title of proposal

Maya Group Well-Being Project

RECEIVED
MEMBERS' SUPPORT

3. Name of group or person making the proposal

Maya Group

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 Project is based at the Aapaka centre in Pool road. The project is to sustain the health & well being of the elderly women who attend the project by providing innovative, manageable exercises like Bollywood dance & Kathak dance, armchair exercises, tai chi. These exercises are specifically designed to help the women build stronger muscles, give more flexibility, help to improve cardio-vascular health & their mobility. The group also is an arena for members to socialise and befriend each other and helps to lessen the isolation, depression that some of our members have.

The funding will be used to pay specialist tutors who will be teaching the exercise, the rent for the room and volunteer expenses. We intend to run the project over 6 months starting from January 2010.

The beneficiaries of this project are elderly aged 50+ who are from the local community and further a field. A majority of the members are suffering from mobility, health problems – diabetes, arthritis, heart disease, depression and

often isolated.

In order to measure the impact and success of the project, we will keep an attendance list, use feedback forms, observation to measure the success and improvement of our members health. We will hold group meetings to receive any suggestions that members have. We will provide exercise sheets with diagrams so that the women can do them in their own home when the project ends.

5. Have you provided supporting information?

Y
Tick if yes

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

£2500

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?
Dance Tutor £20 per hour x 2 x 24 weeks	960	Actual
Exercise Tutor £20 per hour x 2 x 24 weeks	960	Actual
Rent £7.50 per hour x 2 x 24	360	Actual
Volunteer expense	220	Actual
Total	2500	2500

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

The Project has previously been by Grassroots Grants and the funding will end in December 2009. However the exercise element of the project has been very successful and has had vast improvements in the health of the women and is still very much needed by the women who attend. We have decided as a group to continue the exercises for the women for another 6 months only and therefore are making this application.

We will also look at other funding to continue the project in the long term through fundraising activities and applying for grants.

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

Name of contact person	Sharda Parmar
Your position in organisation or group	Co-ordinator
Name of organisation or group	Maya Group
Address	[REDACTED]
Phone number Mobile:	[REDACTED]
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	Sharda Parmar
Your position in organisation or group	Co-ordinator
Name of organisation or group	Maya Group
Address	[REDACTED]
Phone number Mobile:	[REDACTED]
Email	

11. Declaration

I have read the *Guide to the 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	Lila Jethwa	CHAIR
Signature	L. Jethwa.	
Date	12-11-2009	

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