## **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 I	Proposal		
1. Name of Ward	Eyres Monsell		
2. Title of proposal	DOG WASTE BINS		
3. Name of group or	person making the proposal		
Neighbourho	ood Housing Office		
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 1 requirements.	0 waste bins to augment existing servic	es to meet local	
•	programmes are already fully allocated or this facility, subject to community coning collection costs		

5. Have you provided supporting information?

Tick if yes

Up to £5,090

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	399 + VAT	actual
Concrete supports	110 + VAT	
Total cost of 10 bins – up to	£5,090	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	Ian Stapleton		
Your position in organisation or group	Neighbourhood Housing Office		
Name of organisation or group	LCC		
Address			
EM Housing Office			
The Exchange			
EM estate			
Phone number 39 5210	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 <sup>th</sup> January 2010

Please send this completed form back to:

Karen Shelton, Member Support Team, 2<sup>nd</sup> Floor, Town Hall, Leicester City Council, LEICESTER, LE1 9BG.

Fax No: 0116 229 8827