

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

Spinney Hills

1. Name of Ward

HIGHFIELDS

2. Title of proposal

TRANSPORT

3. Name of group or person making the proposal

PREM 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.

We need transport to bring the elderly / disabled ladies to the Mayflower church to learn English every Wednesdays. Transport is required to pick the ladies up from home to the centre.

5. Have you provided supporting information?

Tick if yes

LEICESTER CITY
298 15 JAN 20
RECEIVED
MEMBERS' SUPP

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

£

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 transport.	£62.00	per day
TRANSPORT REQUIRED FOR THE WHOLE YEAR.	150.00	(Wed, on)
50.00 - 52 WKS X £62.00 =	£3,224	
Total	£3,224	Total

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

NO.

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

Name of contact person	MRS. RAMBHABEN SHAH
Your position in organisation or group	CHAIRPERSON
Name of organisation or group	PREM GROUP
Address	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

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	MRS. RAMBHABEN SHAH	
Your position in organisation or group	CHAIR PERSON	
Name of organisation or group	PREM GROUP	
Address		
Phone number		—

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	MRS. RAMBHABEN SHAH
Signature	R R R SHAH
Date	25.11.2009

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