

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.

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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.

LEICESTER CITY COUNCIL

16 DEC 2009

Section 1: Budget Proposal

RECEIVED
MEMBERS' SUPPORT

1. Name of Ward

ABBEEY

2. Title of proposal

Taxi Fares 5th Patrols Afternoon

3. Name of group or person making the proposal

Mrs K. SHORTEN

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.

Funding for Taxies for Senior Citizens from Afternoon club To attend Ward Meetings & other events

i. Have you provided supporting information?

Tick if yes

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

£ 0.00

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?
Taxi fares	100	Actual
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 V. Sargent
Your position in organisation or group	CHAIRMAN
Name of organisation or group	St Patrick's Afterschool
Address	
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	
Your position in organisation or group	
Name of organisation or group	
Address As 9	
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	Mrs K. Shelton
Signature	K. Shelton
Date	19/12/2009

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