

Ward Community Fund Proposal Form

Please read the Go	uide to the Ward Commu	nity Fund before you fill in
	tion 1: Budget Proposal.	(30
Delivery agency as	to deliver the project your well. We can help you with ide to the Ward Commun	self, please complete Section 2: this or do it for you – see who ity Fund.
Continue or separat filling in the form ele	e sheets if you need to, or ectronically.	expand the boxes if you are
		LEICESTER CITY COUNCIL
Section 1: Budget	Proposal	2 4 FEB 2010
1. Name of Ward	Abboy	MEMBERS' SUPPORT
2. Title of proposal	Community - Cons	t Mara
3. Name of group or	person making the propos	<
Ms Sackce	Marriott, Commun	ity Trust Library,
4. Short description of money will be spen	of proposal. Please include	information on how the
here have been achi information if you wa	ve can see evidence that the eved. You can provide furthen nt to.	ner details in your supporting
to purchase	4 (D players.	e a selection of
CD books	for members of	410 000 11
900000000 NEW	impoul was	1 ~ 11 ~
	sually impaired unable to uso .	conventional books,
CD playors	to loan out:	
5. Have you provide	d supporting information?	Tick if yes

6.	What	is	the	total	cost	to	the	Community	Meeting'	?
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£2000

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?
4 X CD flavors Selection of ED andio	250	\$ 200
books, prices range from		£ 1800
Total		20000

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

VAL - grassroots,	-rejected,	anteiguous reasoning

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

Jackie Marriott
Char
aity frust library
The ward
70
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	Mrs Jackie Mamolto
Your position in organisation or group	Chair
Name of organisation or group	Community Trust libraries,
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	Jackle Marriott
Signature	- marriett.
Date	23.2.10.

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