Ward Community Fund Proposal Form

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Please read the Gu this form	ide to the Ward Com	munity Fund before	
Then complete Sect	ion 1: Budget Proposa	al. (2/2	_
Delivery agency as	to deliver the project ywell. We can help you ide to the Ward Com	I with this or do it for	olete Section 2: you – see who
Continue or separat	e sheets if you need to ectronically.		es if you are EICESTER CITY COUNC
			-8 MAR 2010
Section 1: Budget	Proposal		RECEIVED
1. Name of Ward	ABBEY		MEMBERS' SUPPORT
2. Title of proposal	PLAYGROUND	LANDSCAPIN	9
3. Name of group or	person making the pr	roposal	
MOWMACRE YOU	UG PEOPLES PLAY &	E DEVELOPMENT P	95500.
money will be sper we will know when It is important that y	of proposal. Please in nt, who will benefit, we the proposal has be our answer to this que we can see evidence in it is an arrowid ant to.	when they will bene- een successful. estion is clear, becau- that the outcomes yo	se we will only bu describe
IMPROVE QUAL	ITY OF PLAY	AREA BY ADDI	NG SAFETY
SURFACING T	D PATHWAYS A	ND AREAS PRE	NE TO FLOOD.
INCREASE #	THE DEPTH OF	OUR PLAY WOO	D CHIP BY 6"
THESE MEASUR	ZES WILL MAKE	E THE PLAY AT	ZEA LESS
MUDDY DURIN	g WINTER MON	THS WHICH WI	LL GUCGURAGE
MORE SATISF	ACTION WITH	SCAZVICE WITH	IN COMMUNITY

5. Have you provided supporting information?

Tick if yes

£	2	4	6	7.	5	0
1	1	4	6	10.	2	-

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

ltem	Cost £	Estimate or actual cost?
100 SAFAGRAS MATS	135125	ACTUAL.
PLAY BARK 40 MS + DOLLYFRY	1116-25	ACTUAL
Total	2 467 50	

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

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

Name of contact person	AFTAB ISMAIL
Your position in organisation or group	VOLUNTEER / YOUNG PERSON
Name of organisation or group	MOWMACRE PLAYGROUND
Address	

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.

MICK LEDERMAN
YOUTH & PLAY DEVELOPMENT
MOWMACRE YOUNG PEOPLES
PLAY & DEVELOPMENT ASSOC.
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	T. F	
Signature	MICK LEDGRMAN	
5500	all	
Date	27 1 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