

# 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

1. Name of Ward
  
2. Title of proposal
  
3. Name of group or person making the proposal
  
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.
  
5. Have you provided supporting information?  Tick if yes

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

£546.00

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?
A.B.E.A level 1 (x 2 people)	£220.00	actual
A.B.A Affiliation	£290.00	actual
A.B.A C.R.B checks 6 C.R.Bs needed	£36.00	actual
<b>Total</b>	<b>£546.00</b>	

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

Yes, from the J.A.G. and local Ward Meeting who have been very supportive in setting us up but we now need to be A.b.a affiliated to move forward thanks.

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

Name of contact person	ASMAL BUTT
Your position in organisation or group	CHAIRMAN
Name of organisation or group	WOTY BOXING
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	ASMAL BUTT
Your position in organisation or group	CHAIRMAN.
Name of organisation or group	UNITY BOXING
Address	
Phone number	<input type="text"/>
Email	<input type="text"/>

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	ASMAL BUTT
Signature	
Date	6/5/10.

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