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.

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.

1.	Name of Ward	Freemen			
2.	Title of proposal	DOG WASTE BINS			
3.	Name of group or	person making the proposal			
ı	Member Support Office				
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.				een	
	tallation of up to 10 juirements.	0 waste bins to augment existing ser	vices to	meet local	
Existing mainstream programmes are already fully allocated and there is a community request for this facility, subject to community consultation					
5.	Have you provide	d supporting information?		Tick if yes	
6.	What is the total of	cost to the Community Meeting?		Up to]

C4 F00			
+4500	£4	500	

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 supply, installation and emptying of one bin	450	actual
Total cost of 10 bins	4,500	actual

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

Existing mainstream programmes are already fully allocated	

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

Name of contact person	Jerry Connolly
Your position in organisation or group	Member Support Officer
Name of organisation or group	Leicester City Council
Address	
Town Hall	
Leicester	
LE1 9BG	
Phone number 0116 229 8823	Email jerry.connolly@leicester.gov.uk

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	As above
Your position in organisation or group	

Name of organisation or group	
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	Jerry Connolly
Signature	
	16 th February 2010
Date	,