## **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 SPINNEY HILL, HIGHFIELDS, ST

2. Title of proposal BROGANS BOXING

3. Name of group or person making the proposal

MARK BROGAN

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.

THE PROPOSAL IS TO OPEN A BOXING CLUB AIMED AT YOUNG PEOPLE FROM HIGHFIELDS, ST MATTHEWS. THESE AREAS HAVE HIGH UNEMPLOYMENT AND DRUG RELATED CRIME. WE AIM TO PROVIDE A TRAINING CENTRE WHERE THEY CAN CHANEL THEIR ACTIVITIES THROUGH SPORTS AND TRAINING. THE COURSE WILL AIM TO BUILD CONFIDENCE, ANGER MANAGEMENT, AND PROMOTE HEALTHY LIVING AND EATING.

THE MONEY WILL BE USED TO BUY EQUIPMENT SUCH AS A BOXING RING, GLOVES, AND PUNCH BAGS. THE OUTCOMES WILL BE A DISCIPLINED YOUTH, WHO HAVE DIRECTION, AMBITION IN LIFE. ALSO IT MEETS THE NATIONAL CRITERIA FOR CHILDREN.

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5. Have you provided supporting information?		Tick if yes
3		
6. What is the total cost to the Community Mee	ting?	£5,500.00
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7. How have you estimated or calculated the co	st? Please s	show each item of
expenditure and say whether it is an estimate or		
,		
Item	Cost	Estimate or
	£	actual cost?
PUNCH BAGS	1600	ESTIMATE
BOXING RING	1000	ESTIMATE
SKIPPING ROPES	500	ESTIMATE
GLOVES	400	ESTIMATE
MATS	1000	ESTIMATE
CHANGE ROOM FACILITIES	500	ESTIMATE
COMPUTER,	200	ESTIMATE
ADVERT PROMOTION,	50	ESTIMATE
INSURANCE	250	ESTIMATE
Total	5,500	2011111111111
	0,000	
8. Have you tried to get funding for this project	from anywh	ere else either in
the Council or from another organisation? If so, p		
and dearion of from another organication. If co, p	nouse give c	<i>io</i> tano
NONE		
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9. Who proposed the project? Please provide contact details.

Name of contact person	MARK BROGAN
Your position in organisation or group	COACH/PROPOSER
Name of organisation or group	BROGANS BOXING
Address UNIT 4 NEYTA BUILDING MAYNARD ROAD LEICESTER	
Phone number	Email
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## 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	MARK BROGAN
Your position in organisation or group	COACH/PROPSER
Name of organisation or group	BROGANS BOXING
Address	
UNIT 4 NEYTA BUILDING	
MAYNARD ROAD	
LEICESTER	
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	MARK BROGAN
Signature	MARK BROGAN

	27. APR.2010
Date	

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