



For internal use only by Members Support Team:

Unique reference number _____

Date scanned in _____

This application will be considered as (please circle):

Ward Action Plan

Community Cohesion

Ward Community Fund

2219

Ward Meeting Grant Application Form

Please read the “Guide to Ward Meeting grants and how to apply” before you fill in this form.

On completion please submit a signed paper copy of the form to:
Karen Shelton, Member Support Team, 2nd Floor, Town Hall, Leicester City Council, Leicester LE1 9BG. Fax No: 0116 229 8827

Continue on separate sheets if you need to, or expand the boxes if you are filling in the form electronically.

1. Name of Ward(s) to which you are applying for funding

Fosse Ward

2. Name of your project/proposal

Maya Group Well-Being Project

3. Name of group or person making the application

Maya Group

4. Detailed description of proposal. Please tell us:

- What is the proposal (where and when)?
- If you are planning an event who will attend, and where will does your target audience come from?
- How will we know the proposal has been successful?

It is important that your answers to this question are clear so that the Ward Meeting can fully understand your proposal.

The Project is based at the Aapaka centre in Pool road. The project is to sustain the health & well being of the elderly women who attend the project by providing innovative, manageable exercises like Bollywood dance & Kathak dance, armchair exercises, tai chi. These exercises are specifically designed to help the women build stronger muscles, give more flexibility, help to improve cardio-vascular health & their mobility. The group also is an arena for members to socialise and befriend each other and helps to lessen the isolation, depression that some of our members have.

The funding will be used to pay specialist tutors who will be teaching the exercise, the rent for the room and volunteer expenses. We intend to run the project over 6 months starting from August 2011.

The beneficiaries of this project are elderly aged 50+ who are from the local community and further a field. A majority of the members are suffering from mobility, health problems – diabetes, arthritis, heart disease, depression and often isolated.

In order to measure the impact and success of he project, we will keep an attendance list, use feed back forms, observation to measure the success and improvement of our members health. We will hold group meetings to receive any suggestions that members have. We will provide exercise sheets with diagrams so that the women can do them in their own home when the project ends.

5. Have you attached any supporting information? YES
(Please tick)

NO

6. Does your organisation have audited accounts? YES
(Please tick)

NO

If yes please submit your latest set

7. Does your organisation have a constitution?
(Please tick)

YES

NO

If yes please submit your constitution

8. How much are you applying to the Ward Meeting(s) for?

£ 3052

9. Please show each item of expenditure and say whether it is an estimate or an actual cost. Costings should be as accurate as possible and in most cases be based on quotes. If it is an actual cost please provide quotes and any other written confirmation. In the final column please show which elements of your project you are applying to the Ward Meeting for?

Item	Cost £	Estimate or Actual cost (E or A)?	Request to Ward Meeting (£)
Dance Tutor £25 per hour x 2 x 24 weeks	1200	A	1200
Exercise Tutor £25 per hour x 2 x 24 weeks	1200	A	1200
Rent £9 per hour x 2 x 24	432	E	432
Volunteer expense	220	A	220
Total	3052	3052	3052

10. Have you obtained or are you trying to obtain funding for this project from anywhere else, either Leicester City Council or from another organisation? If so, please give details including:

Name, address, phone number and any other contact details of the funder.

The amount requested or received.

When do you expect a decision if you do not know already?

Please note that a failure to disclose any relevant information relating to other funding streams may result in your application being rejected or any offer of funding being withdrawn.

N/A

11. Details of recipient

If your application is successful the grant will be paid by cheque to your organisations bank account. Please provide the payee name which appears on the account.


.....MAYA GROUP.....

Alternatively if you wish to be paid by BACS please provide bank and sort code details on headed paper and attach to the application.

12. Declaration and contact details

I have read the 'Guide to Ward Meeting Grants' and I understand and 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. I accept that Leicester City Council may reject this application or withdraw any funding provided if any of the information submitted is inaccurate.

I agree to complete a project evaluation form once the project has been completed (failure to do so may count against you receiving future funding).

Name of contact person	
MRS. SHARDA PARMAR	
Your position in organisation or group	
CO-ORDINATOR GROUP LEADER	
Name of organisation or group	
MAYA GROUP	
Address	
AAPKA CENTRE LEICESTER	
Phone number	Email
0116 2221067	oldagepeople@aol.co
Signature	Date
	22/6/2011

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

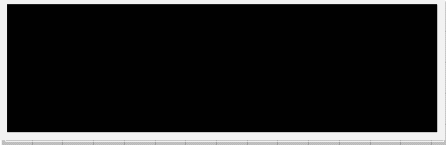
Failure to sign the form may result in delay in the processing of your application

Nritya Kala



Date: 2nd July 2011

To,
Maya Well-Being Project



Dear Madam,

Please find below the charges applicable for the provision of a Dance Tutor /
Therapist for the next six months commencing August 2011.

Hourly Charge.....£25.00 @ 2 Hrs per week for 24 weeks.....£1200.00

Please confirm the date of commencement at your earliest convenience so that I can
update my timetable.

Thank you.

Your sincerely,



Mrs Nayna Whittaker (Dance Tutor / Therapist)



NEWFOUNDPOOL
SENIOR CITIZENS UMBRELLA GROUP
POOL RD
LEICESTER LE3 9GH
TEL : 0116 2221067
FAX : 0116 2221066



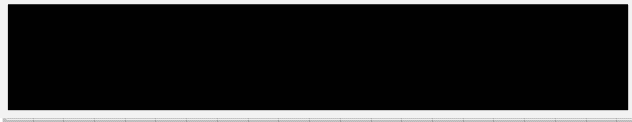
Date: 2nd July 2011

OUR REF:

YOUR REF:

To,

Maya Well-Being Project



Dear Madam,

As per your request please accept the quotation below for the provision of a Fitness Instructor / Trainer and the rental charges of Aapka Day Centre lounge for the six months commencing August 2011.

Fitness Instructor / Trainer:

Hourly rate.....£25.00 @ 2Hours per week for 24 weeks.....£1200.00

Hire of Day Centre Lounge:

Hourly rental....£9.00 @ 2 Hours per week for 24 weeks.....£432.00

Please do not hesitate to contact me for any assistance or information.

Thank you.

Yours sincerely



Mr Dipak (Fitness Instructor / Trainer)

CONSTITUTION

NAME

The name of the organisation shall be Maya Group

AIMS

The aims of the Group shall be to provide educational social leisure health and culturally appropriate activities for all women.

POWERS

To further these aims the committee shall have power to:

- (a) Obtain, collect and receive money or funds by way of contributions, donations, grants and any other lawful method towards the aims of the Group.
- (b) Associate local authorities, voluntary organisations and the residents of the Leicester area in a common effort to carry out the aims of the Group.
- (c) Do all such lawful things as will further the aims of the Group.

MEMBERSHIP

- (a) Voting membership shall be open to anyone who supports the aims of the group.
- (b) the Management Committee shall have the power to approve or reject applications for membership or to terminate the membership of any member provided that the member shall have the right to be heard by the committee before a final decision is made.

MANAGEMENT

- (a) A Management Committee elected annually at the Annual General Meeting shall manage the Group.
- (b) The committee shall consist of a chair, secretary and treasurer.
- (c) The committee may co-opt up to a further 2 voting members who shall resign at the next Annual General Meeting.
- (d) The committee shall meet at least 4 times each year.
- (e) 2 members of the committee being present shall enable the business of the group to be carried out.

- (f) A proper record of all transactions and meetings shall be kept.

GENERAL MEETINGS

- (a) An Annual General Meeting shall be held within 15 months of the date of the adoption of this constitution and each year thereafter.
- (b) Notices of the AGM shall be published three weeks beforehand and a report on the Group's financial position for the previous year will be made available at the same time.
- (c) A Special General Meeting may be called at any time at the request of the committee, or not less than one quarter of the membership. A notice explaining the place, date, time and reason shall be sent to all members three weeks beforehand.
- (d) One third of membership or four members being present, whichever is the greater, shall enable a General Meeting to take place.
- (e) Proposals to change the constitution must be given in writing to the secretary at least 28 days before a general meeting and approved by a two thirds majority of those present and voting.

ACCOUNTS

- (a) The funds of the group including all donations, contributions and bequests, shall be paid into an account operated by the management committee. All cheques drawn on the account must be signed by at least two members of the Management Committee.
- (b) The funds belonging to the group shall be applied only to further the objects.
- (c) A current record of all income, funding and expenditure will be kept.

DISSOLUTION

- (a) The Group may be dissolved by a resolution passed by a simple two-thirds majority of those present and voting at a Special General Meeting.
- (b) If confirmed, the committee shall distribute any assets remaining after the payment of all bills to other charitable group(s) or organisation(s) having aims similar to the Group or some other charitable purpose(s) as the Group may decide.

X(c) Signed

[Redacted Signature]

Chair 5-1-2010..... Date

Signed

[Redacted Signature]

Secretary 5-1-2010..... Date

Signed

[Redacted Signature]

Treasurer 21-2-06..... Date