**WARD MEMBERS BUDGETS & CIL**

**Application and record of decision form**

*For support in completing this form, or to request a hard copy form, please contact the Area Support Officer on 01865 252803 or at* [*communities@oxford.gov.uk*](mailto:communities@oxford.gov.uk)

**Please indicate which application you are submitting:**

**Ward Member Budget (WMB) Application**

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| **Mandatory section for all applications**  **1. Councillor:** **3. Date:**  **2. Ward to benefit:** **4.** **Amount requested:**  **5. Contact details of recipient of spend (individual/organisation):**  Name:  Contact Number:  Email Address:  **Payment details:** BACS  Internal transfer  Cost Code (if internal transfer):  Sort Code  Account Number:  Name of Account:  **6. Sending via your councillor email address?** Yes  (No signature required)  Please return completed forms to [communities@oxford.gov.uk](mailto:communities@oxford.gov.uk)  **7. Sending by post?** Yes  **Councillor to sign below:**  Councillor Signature: …………………………………………………………… |

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| **This section is for Ward Member Budget Applications only**  **8. Please summarise what the money will be spent on:**  **9. WMB funds must be used towards one of the following, please tick which one applies:**  Economic improvement  Social improvement  Environmental improvement  **10. Please detail the timeline of the spend:**  **11. If you have obtained any advice from an officer, please provide their name and summarise the advice given below:**  Name of Officer:       Advice given:  **12. Do you have a disclosable pecuniary interest in the proposed spend?**  Yes  No  If yes, then your application cannot be progressed. |