**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*

**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 CodeAccount Number:Name of Account: **6. Sending via your councillor email address?** Yes [ ]  (No signature required) Please return completed forms to 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. |