**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:**

**CIL 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 CIL Applications only**  **13. Please summarise what the money will be spent on:**  **14. CIL funds must be used towards one of the following,** **please tick which one applies:**  ***Please note this questions is mandatory and will be subject to audit***  The provision of infrastructure  Improvement of infrastructure  Replacement of infrastructure  Operation or maintenance of infrastructure  Anything else to mitigate against the demands development places on an area.  **15. Please provide more information on how the spend will meet the CIL regulations:**  **16. If you have obtained any advice from an officer, please provide their name and summarise the advice given below:**  Name of Officer: Advice given:  **17. Do you have a disclosable pecuniary interest in the proposed spend?**  Yes  No  If yes, then your application cannot be progressed. |