**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:**

**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 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 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. |