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Date Considered:	
Amount Awarded:	



*Thurrock's
local charity*

Data Protection: Under the terms of the Data Protection Act, the information given will be treated in confidence and used for our administrative and mailing purposes only.

Important!! Please read Grant Criteria before completing.

GRANT APPLICATION FORM

PART I

Is this application being made on behalf of:

	NAME OF ORGANISATION INDIVIDUAL:										
	ADDRESS: (including Contact name)										
	TEL NO:										
	MOBILE NO:										
	E:MAIL:										
a.	PRIVATE TRADING COMPANY	<table border="1"> <tbody> <tr> <td>i.</td> <td>Are you a private trading company?</td> <td></td> </tr> <tr> <td>ii.</td> <td>If yes, how many partners/directors do you have?</td> <td></td> </tr> <tr> <td>iii.</td> <td>How many people do you employ?</td> <td></td> </tr> </tbody> </table>	i.	Are you a private trading company?		ii.	If yes, how many partners/directors do you have?		iii.	How many people do you employ?	
i.	Are you a private trading company?										
ii.	If yes, how many partners/directors do you have?										
iii.	How many people do you employ?										

b.	COMMUNITY GROUP	i.	Are you a Community Group?
		ii.	If yes, are you part of a National organisation?
		iii.	Do you have a recognised charter?
		iv.	Do you keep accounts which are audited?
		v.	Do you hold an open Public AGM
c.	REGISTERED CHARITY	i.	Are you a registered charity?
		ii.	If yes, what is your registered charity number?
d.	PRIVATE INDIVIDUAL	i.	Yes/No
		ii.	If yes, how long have you lived at your present address?
		iii.	If less than 3 years, what was your previous address? Please state below.

PART II

Details of application/reason for applying. Applications should, ideally, be from organisations/individuals based in Thurrock or whereby they will benefit the Community of Thurrock. If an organisation, how often do you meet?

Please answer in no more than 50 words.

Please state how and why this financial support will help. What is your financial situation now?
Please answer in no more than 50 words.

Please give any other supporting information which should be brought to the attention of the Community Chest Trustees? **Please answer in no more than 50 words.**

What do you see as a realistic amount £..... and why? **Please answer in no more than 50 words.**

Have you applied for a grant from another other organisation? If answer is yes, where? 	YES/NO
Does your organisation currently sell draw tickets for the Thurrock Community Chest?	YES/NO
Has your organisation sold tickets on behalf of the Thurrock Community Chest in the past?	YES/NO
Would you organisation be prepared to sell tickets for the Thurrock Community Chest? * Please see details on attached sheet	YES/NO [*]
PART III	

Please give the name of a referee who can support this application.

Name:	
Address:	
Telephone No.	
E-mail/Fax No:	

I certify the aforementioned information is correct.

Signed Date:

Should you require assistance in completing this form contact Pat Noble (Executive Secretary)
01375 670704 or e-mail to pat.noble2@btinternet.com

Forms should be returned to the following address:
Thurrock Community Chest, Thurrock CVS,
The Beehive Resource Centre, West St, Grays, Essex RM17 6XP.

info@thurrockcommunitychest.org.uk

Your application will be considered at the next Trustees Meeting

INFORMATION FOR TICKET SELLERS

Please note that if your organisation wishes to purchase Thurrock Community Chest tickets you must agree to the following terms and conditions.

All tickets must be collected from Thurrock CVS The Beehive Resource Centre, West St, Grays, Essex RM17 6XP and payment is required in advance for more than 100 tickets. Please ensure you ring Ivor Lawrence or Terry Piccolo on 01375 382892 to arrange a time for collection.

TERMS AND CONDITIONS

1. Tickets for the 2016 Grand Prize Draw will be priced at £1 each.
2. The proceeds of the 2016 Grand Charity Draw will support the Thurrock Community Chest.
3. Partner organisations participating in the 2016 Grand Prize Charity Draw must nominate named representative(s) to liaise with the Thurrock Community Chest. The named representative(s) may be asked to provide a letter of proof of identity and affiliation to their organisation and will be asked to sign for all tickets purchased. The named representative(s) will be responsible for all aspects of their organisation's participation in the Grand Prize Charity Draw and for communication with the Community Chest.
4. All sold ticket stubs must be returned to Thurrock Community Chest as soon as possible to be included in the monthly and main prize draw.
5. No persons under 16 years of age are allowed to sell tickets.
6. Tickets must not knowingly be sold to any person under 16 years of age.
7. Tickets will be issued on a sale or return basis providing the terms governing the issue have been satisfied and the appropriate fee has been paid. Cheques to be made payable to the Thurrock Community Chest.
8. Purchase prices and discounts for bulk sales are as follows: -

QUANTITY	COST PER TICKET
0 to 999	50p
1000 to 2000	45p
2001 to 3000+	40p

9. Detailed records will be kept of serial numbers of tickets issued to each partner organisation. These records will be subject to scrutiny by Thurrock Council's Audit Department and the Gaming Board of Great Britain. Partner organisations should also keep a record.