

Office use only:

Application Ref.		Date Received:	
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THURROCK THAMES GATEWAY DEVELOPMENT CORPORATION

PIXIE DUST APPLICATION FORM



If you require advice on completing your application please contact the Community Development Officer, Christopher Seamark, using the details below;
(E-mail communityfund@thurrocktgdgc.org.uk Tel: 01708 895400).

Once completed please send to:
Thurrock Thames Gateway Development Corporation, Community Development Officer,
Gateway House, Stonehouse Lane, Purfleet, Essex RM19 1NX.

Section A	Organisation Details		
Name of Organisation:			
Address of Organisation:			
Address for correspondence (if different):			
Post Code:		Charity Registration Number (if applicable):	
Contact Person's Name:			Title:
Position in Organisation:			
Daytime Telephone Number:		Fax Number:	
E-Mail Address:		Website:	

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Section B	Project Details	
Project Name:		
Please give a brief description of what funding will be used for:		
Project Timescales:	START/PURCHASE DATE:	END DATE:
Who will be responsible for managing the project?	NAME:	POSITION:
Do you propose to continue this activity in the future after the grant has been used and if so how will it be funded?		
What fund raising activities have you undertaken over the past year to assist the project?		
How many people do you expect to benefit from the project and where do most of the beneficiaries live?	Number of beneficiaries in total: Percentage that live, work and/or go to school in Thurrock:	

Section C	Meeting the Regeneration Objectives of the Development Corporation	
<u>Using the 'Yes/No' Boxes Below Please Tell Us Broadly What Your Project Will Achieve</u>		
Out of school hours or non-statutory skill and educational activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting training particularly those that enhance employment opportunities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Improve community services, access and/or communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental projects that enhance the quality and use of valuable green space or make more use of community spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promote leisure and Cultural activities including Art, Heritage and Sporting projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facilitate a better understanding of different people, places and cultures in our local community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promote greater use of or improvements to community buildings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community capacity building such as training for members of the group, fundraising and accreditation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Section D	Funding & Financial Details
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Answering each question below show how much the project will cost and the proportion which you are applying for from the Development Corporation

What is the total cost of the project?	£
Does the project total include irrecoverable VAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much funding are you requesting from Thurrock Thames Gateway Development Corporation?	£

Please provide a detailed and itemised breakdown of proposed expenditure of the project and enclose any quotes you may have obtained. Please tick the specific elements for which you would like to receive Pixie Grant funding.

EXPENDITURE (ITEM)	AMOUNT (£)	✓
1	£	
2	£	
3	£	
4	£	
5	£	
6	£	
7	£	
8	£	
TOTALS	£	

If there is a gap in funding please explain how this will be made up? If you already have this money please explain where it came from. This can be in cash or kind such as volunteer time or donations other than money e.g. equipment, another grant from another organisation, fundraising etc:

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Have you applied to any other sources (including own funds) to cover the costs for this project? If yes please give details below: Yes No

Name of Organisation	Amount Requested	Date Applied	Total Received	Response Date

Name of Your Organisation's Bank/Building Society:

Bank/Building Society Account Number:

Sort Code:

Account Name to Whom Grant Cheques Should Be Made Payable:

Please give details of two people who can sign cheques or withdrawals from this account and their position in the organisation:

NAME:
POSITION:

NAME:
POSITION:

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Section E	Reference
<u>Please give details of at least one other person, outside of your Organisation and unrelated to applicants, who has knowledge of your work and whom we could contact about your application. N.B. Please inform your Referee that you <u>have done this</u></u>	
Name: Address: E-Mail Address: Contact Telephone Number: Capacity in Which Known:	

Section F	Essential Documents Checklist
Have you attached/included with your application for funding form all essential documentation?	
<input type="checkbox"/> A copy of your Organisation's Rules, Constitution or other Governing Document to include Equality and Diversity Code Of Practice.	
<input type="checkbox"/> The latest Annual Audited Accounts.	
<input type="checkbox"/> Child Protection / Vulnerable Persons Policy (if appropriate) – please provide proof of CRB checks	
<input type="checkbox"/> Estimates as appropriate – as set out in Section D.	
<input type="checkbox"/> Any other information that would support your application.	
<input type="checkbox"/> Copy of Minutes of meeting when this grant application was discussed/agreed.	
PLEASE NOTE:	
<ul style="list-style-type: none"> • It will not be possible to return any documentation. Please do not send original documents. • It remains the applicant's responsibility to ensure all necessary approvals are in place before the project commences. • The acknowledgement of an application is no guarantee of its approval for grant giving purposes. 	
<u>In Order to help TTGDC feedback it would be helpful if you could please take a few minutes to answer the following questions. It is not a compulsory part of the application process but does help to improve our service.</u>	
How did you hear about the Community Fund?	
Did you receive any help/advice in order to complete the form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How satisfied were you with this help/advice received? <input type="checkbox"/> Not Very <input type="checkbox"/> Satisfactory <input type="checkbox"/> Very Satisfied	
How did you feel about the application form, was it straightforward? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be interested in knowing more about the work of the Development Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

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Section G**Permissions & Declaration**

Data Protection Act: The information you give us will be held by the Development Corporation and will be used to assess your application in conjunction with the Community Fund Grants Panel. The main recipient of the information is the Development Corporation but it may also be shared with other Government agencies, which are entitled to this information under applicable legislation. This information may also be shared with the Department of Communities and Local Government, Thurrock Council or other Government Agencies.

Any personal (sensitive) information that you provide about yourself or the organisation will be regarded as Confidential Information. Your consent to being on our database will be deemed valid until we inform you otherwise or you withdraw consent in writing at any time by contacting the Development Corporation.

**THE FOLLOWING SECTION MUST BE READ AND SIGNED BY
TWO OFFICERS WITHIN THE ORGANISATION FROM THE FOLLOWING:
CHAIRPERSON, VICE CHAIRPERSON, SECRETARY OR TREASURER**

- We, the undersigned, are authorised to make this application on behalf of the Organisation and confirm that to the best of our knowledge the information provided in this application is accurate and correct.
- We understand that acceptance of this application by the Development Corporation does not in any way signify that the Corporation has agreed that the project is eligible for assistance from the Community Fund or that it will receive grant aid.
- We understand and accept that the information contained in this document may also be shared with the Department of Communities and Local Government, Thurrock Council or other Government Agencies.
- If information changes in any way we will inform the Development Corporation promptly.
- If the application is successful we agree to work with the Development Corporation in relation to any press release and ensure that the Development Corporation is involved in any responses by us to the press regarding the project in order to ensure that any publicity recognises the contribution the Development Corporation has made.
- We agree to complete and submit a monitoring report within 3 months from the date of receiving the Funding Agreement and understand that support from the Community Development Officer is available to help us.
- We understand the Development Corporation may withdraw all or part of the grant at its discretion under the conditions as set out in the Guidance notes.
- We understand that if a project starts in advance of the Development Corporation making a formal offer of a grant in writing and a signed Funding Agreement is completed and received by the Development Corporation then this action is undertaken at the applicants' own risk. Retrospective payments will not normally be paid.

FIRST OFFICER SIGNATORY		SECOND OFFICER SIGNATORY	
Print Name:		Print Name:	
Position Within Organisation:		Position Within Organisation:	
Signature:		Signature:	
Date:		Date:	