

LONDON BOROUGH OF HARROW
APPLICATION TO HOLD A STREET COLLECTION IN 2003

Appendix A

PART 1 - ORGANISATIONAL DETAILS

Name of Organisation

Community Aid U.K.

Name of main contact

Title

First Name

Surname

Ms

Joanne

Gratze

Post held in organisation

Chief Executive

Correspondence address

47 Wascott Way
Uxbridge, Middx UB8 2RF

Phone number day

0208 908 1571

Phone number evening

Which of the following best describes your organisation?

Voluntary organisation

Registered charity - please

give charity number:

(this may be checked)

1092575

A company limited by guarantee

A club or association

A consortium

Other (please state)

Please describe your organisation's aims and objectives

We donate to Hospices, Hospitals &
people with special needs

Which districts in the London Borough of Harrow does your organisation serve?

Every where

PART 2 - DETAILS OF STREET COLLECTION TO BE HELD

To which purpose do you intend to apply the money collected on this occasion?

Hospices & Hospitals

How many collectors do you intend to use on this occasion?

MAX 2.

In which areas of the Borough will they be collecting?

Pinner & Harrow

Do you intend to hold any other collections in the Borough in 20 03?

YES

NO

If so, please state where and when:

PART 3 - DETAILS OF PREVIOUS STREET COLLECTIONS

When did your organisation last hold a street collection?

None

How much was collected on that day?

N/A

How many collectors were used on that occasion?

N/A

To which purpose was the money collected on that occasion applied?

N/A.

PART 4 - OTHER INFORMATION

Do you receive income from any other flag days? (National or London-wide)

YES

<input checked="" type="checkbox"/>
<input type="checkbox"/>

NO

If yes, please give details:

We fundraise nationally

Have you discussed street collections with any other Council officers?

YES

<input type="checkbox"/>
<input checked="" type="checkbox"/>

NO

If yes, please state their name and department:

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The Council is only authorised to sponsor eight applications in 2003 during the following periods:

22-28 February

24-29 March

23-28 June

1-29 August

1-6 September

27 October-1 November

Please state your preferred collection date within one of these periods:

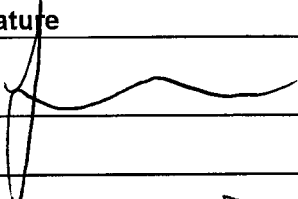
(This must be at least 2 months from the date you submit this application)

27 OCT - 1 NOV

Please note that, if your application is successful, every effort will be made to allocate your preferred collection date. However, if this date is not available, you will be offered another date within one of the above periods.

UNDERTAKING

I declare that, to the best of my knowledge, this form has been completed correctly.

Name	Signature
S. Gratz	
Position held	Date
Chief Exec	4-8-03

Please return this form to: Alka Sharma, Policy Unit, P.O. Box 57, Civic Centre, Harrow, Middlesex. HA1 2XF.