

**CHARITABLE GAMES  
SPECIAL TUITION RAFFLE  
QUARTERLY REPORT**  
CGF-12 Rev. 2/17

**City of Ansonia  
Ansonia Police Department  
2 Elm Street  
Ansonia, CT 06401  
Web site: [www.cityofansoniam.com](http://www.cityofansoniam.com)  
Phone: 203-735-1885**

**INSTRUCTIONS:**

1. An officer or administrator of the sponsoring organization must complete the report.
2. This report must be filed on a quarterly basis, by the last day of the months of January, April, July and October, for the preceding quarter ended until the tuition prize has been paid. **NOTE:** In the event an organization's Special Tuition Raffle offers multiple prizes and has multiple prize winners, a separate report must be completed for each prize winner.
3. The completed report and a copy of the organization's most recent bank statement (if applicable) for the account with the prize money must be mailed to the Ansonia Police Department 2 Elm Street Ansonia, CT 06401.

<b>NAME OF ORGANIZATION</b>	<b>PERMIT NUMBER</b>
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<b>ADDRESS</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>
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<b>RAFFLE DATES</b>	<b>TOTAL PRIZE VALUE</b>
<b>COMMENCING:</b> /    / <b>TERMINATING:</b> /    /	<b>\$</b>

<b>NAME OF PRIZE WINNER</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS OF PRIZE WINNER</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>
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**DEDICATED CHECKING ACCOUNT INFORMATION (account in which all tuition raffle proceeds were deposited and all expenses paid)**

<b>NAME OF BANK OR LENDING INSTITUTION</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>
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**AGGREGATE PRIZE SECURITY (please choose one of the following)**

<b>Certificate of Deposit with DCP named as payee</b>	<b>Money Market Account with DCP named as payee</b>	<b>Other, with approval of DCP</b>
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<b>NAME OF BANK OR LENDING INSTITUTION</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>
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**STUDENT RECIPIENTS DESIGNATED (one or more students may be designated)**

1. <b>NAME OF STUDENT RECIPIENT (first, middle, last)</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS OF STUDENT RECIPIENT</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>	<b>DATE DESIGNATED</b>
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2. <b>NAME OF STUDENT RECIPIENT (first, middle, last)</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS OF STUDENT RECIPIENT</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>	<b>DATE DESIGNATED</b>
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3. <b>NAME OF STUDENT RECIPIENT (first, middle, last)</b>	<b>TELEPHONE NUMBER</b>
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<b>ADDRESS OF STUDENT RECIPIENT</b> (No. and Street)	<b>(City or Town)</b>	<b>(State)</b>	<b>(Zip Code)</b>	<b>DATE DESIGNATED</b>
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**PRIZE INFORMATION** (please attach a copy of the most recent bank statement addressing the activity of the prize money account)

<b>TOTAL PRIZE DEPOSITED</b>	<b>INTEREST EARNED THIS QUARTER</b>	<b>INTEREST EARNED TO DATE</b> (if applicable)
\$	\$	\$
<b>INTEREST REMITTED TO PERMITTEE THIS QUARTER</b>	<b>INTEREST REMITTED TO PERMITTEE TO DATE</b>	<b>TOTAL PRIZE AMOUNT INCLUDING INTEREST</b>
\$	\$	\$
<b>UNEXPENDED PRIZE MONEY REMITTED TO PERMITTEE</b>		<b>DATE</b>
\$		

**AUTHORIZED TUITION PAYMENTS**

<b>1. EDUCATIONAL INSTITUTION</b>		<b>TELEPHONE NUMBER</b>	
ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>	
\$			
<b>2. EDUCATIONAL INSTITUTION</b>		<b>TELEPHONE NUMBER</b>	
ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>	
\$			
<b>3. EDUCATIONAL INSTITUTION</b>		<b>TELEPHONE NUMBER</b>	
ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>	
\$			

DESCRIPTION OF OTHER ALLOWABLE EXPENSES REMITTED TO PERMITTEE	EXPENSE AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES</b>	\$

**PREPARER OF QUARTERLY REPORT**

<b>PRINTED NAME AND TITLE OF OFFICER OR ADMINISTRATOR</b>	<b>SIGNATURE OF OFFICER OR ADMINISTRATOR</b>	<b>DATE</b>