



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Witney Rotary Club		
Registered Address*	[REDACTED]		
Post Code	OX7 4LW	Tel No.	[REDACTED]
Contact Name	SIMON HAMILTON		
Position in Organisation	CHAIR OF WITNEY ROTARY COLOUR RUN COMMITTEE <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/NO-	Registration No.	1028759
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>To provide physical and financial support to good causes both locally, nationally and internationally in line with the aims of Rotary International.</p>			
(2) Membership			
How many members do you have?	42		
Approximately how many of your members live in Witney?	42 in Witney and local area - within 15 miles.		
Is membership restricted in any way?	Membership is by invitation		
What is your annual subscription, if any?	In the region of £120		
Are you affiliated to a national organisation? If so, which one?	Affiliated to Rotary International		
Local venue/meeting place	Blue Boar, Witney		

(3) Grants	
Purpose for which the grant is required: To support the organisation of a Colour Run at the Witney Rugby Club on 21 May 23	
Amount of grant applied for	£ 500
Has your organisation previously applied to the Town Council for a grant?	YES/NO
If YES please give details	Colour Run in 2019 and 2021
Have you applied for a grant to any other body or organisation?	YES/NO
If YES please give details	
(4) Financial	
<i>Please enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet or a Business Plan if a new organisation.</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? Fire Walk in Witney on 24th Mar 23. Witney Carnival on 8th Jul 23 Witney Lights turn-on late Nov 23 Santa Seigh around Witney and local villages in early-mid December 23	
(6) General	
Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature. Please provide or attach any additional information which may assist the Council in reaching its decision.	
<i>I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.</i>	
Signed: _____	Date: 25 Feb 23

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK

For office use only:			
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y / N	Chq No.	