



# WITNEY TOWN COUNCIL

## Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Rotary Club of Witney		
Registered Address*			
Post Code		Tel No.	
Contact Name	Brian Wright		
Position in Organisation	Chair Christmas Lights Committee <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/NO	Registration No.	1028759
<i>What are the activities and/or aims of the organisation:</i>			
The aims are to serve the needs of the community, both locally and internationally, by fund raising and running events for charity.			
(2) Membership			
How many members do you have?	34		
Approximately how many of your members live in Witney?	27		
Is membership restricted in any way?	No		
What is your annual subscription, if any?	£110		
Are you affiliated to a national organisation? If so, which one?	Rotary International		
Local venue/meeting place	Blue Boar Market Square		

### (3) Grants

Purpose for which the grant is required:

To provide entertainment, stalls and technical support for switching on the Christmas Lights.

Amount of grant applied for

£ 2100

Has your organisation previously applied to the Town Council for a grant?

YES/NO

If YES please give details

Same event in previous years

Have you applied for a grant to any other body or organisation?

YES/NO

If YES please give details

### (4) Financial

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.

### (5) Fundraising

What fundraising events or activities will your organisation be holding this year?

Children in Need, Witney Carnival, Santa's Sleigh, street collections

### (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 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.*

Signed: Brian Wright

Date: 05/07/2023

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.	

\*Please note that if your address and telephone number are personal information and not that of the company or organisation, please complete the form below which will not be published on our website and will be held in accordance with GPDR regulations. By submitting this form, you are agreeing to the Town Council storing your personal information.

<b>Address for correspondence:</b>	
<b>Telephone number:</b>	
<b>E mail address:</b>	