



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WITNEY DAY CENTRE	
Registered Address*		WITNEY, OXON	
Post Code		Tel No.	
OX28 5NN			
Contact Name		LINDA YOUNG	
Position in Organisation		MANAGER / COORDINATOR <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		YES/NO	Registration No.
		<input checked="" type="radio"/> YES <input type="radio"/> NO	1181214
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>To promote the relief of persons over 60 years of age by the provision of day care services for the benefit of persons living in Witney and surrounding areas.</p>			
(2) Membership			
How many members do you have?		45	
Approximately how many of your members live in Witney?		ALL	
Is membership restricted in any way?		NO	
What is your annual subscription, if any?		N/A	
Are you affiliated to a national organisation? If so, which one?		N/A	
Local venue/meeting place		CEEWOOD HALL, FETHPLACE RD, WITNEY OX28 5AR	

(3) Grants	
Purpose for which the grant is required: <i>To help pay for afternoon entertainers to come to the day Centre.</i>	
Amount of grant applied for	<i>£ 500</i>
Has your organisation previously applied to the Town Council for a grant?	<input checked="" type="radio"/> YES <input type="radio"/> NO
If YES please give details	<i>for the Witney Main shed in Sept 2021.</i>
Have you applied for a grant to any other body or organisation?	<input checked="" type="radio"/> YES <input type="radio"/> 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. <i>To follow.</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? <i>In house raffles and Jam & Pickle Sales.</i>	
(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: <i>10/1/24</i>

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.	