



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	WINDRUSH C of E PRIMARY SCHOOL		
Registered Address*	ISABELLE SPENCER WAY		
	WITNEY		
Post Code	OX29 7DL	Tel No.	01993 651391
Contact Name	CLAIRE DOLAND		
Position in Organisation	HEADTEACHER <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/NO	Registration No.	
<i>What are the activities and/or aims of the organisation:</i> I form entry Primary School serving the residents of Windrush Place and Colwell Green Estates. We currently have 125 children from Nursery to Year 2 and are growing year on year.			
(2) Membership			
How many members do you have?	125		
Approximately how many of your members live in Witney?	all		
Is membership restricted in any way?	No		
What is your annual subscription, if any?			
Are you affiliated to a national organisation? If so, which one?	RIVER LEARNING TRUST / DFE		
Local venue/meeting place	Windrush Primary School		

(3) Grants	
Purpose for which the grant is required: <i>To support 3 children who require play therapy.</i>	
Amount of grant applied for	<i>£4500</i>
Has your organisation previously applied to the Town Council for a grant?	YES/NO <input checked="" type="radio"/>
If YES please give details	
Have you applied for a grant to any other body or organisation?	YES/NO <input checked="" type="radio"/>
If YES please give details	<i>Rotary Club - equipment for play. WEF - uniform, trips, books.</i>
(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>Available from our SBM on request</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? <i>Sponsored Read Marathon School Fair</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>19/04/2024</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.	