

50th Anniversary Grant-aid Scheme Application Form

(1) Your Group or Organisation								
Name of Group				ao			,	
Registered Address*		,						
Post Code				Tel No.				
Contact Name		Tabitha Jenkinson						
Position in Organisation		Co founder (i.e. Chairman, Treasurer, Secretary)						
Registered Charity		YES/NO	Reg	gistration No.				
What are the activities and/or aims of the organisation:								
We are a volunteer parent lead support group for those parents dealing with children with additional needs. We offer Support with EHCPs DLA process and signposting to other organisations. We are all parents dealing with everyday challenges who are non-judgemental and can share their experiences. We also invite organisations to offer their support and guidance also the services they provide. We are aware that these parents/carers have very little support while waiting for services and face the fears of not knowing where they can turn. We run weekly evening sessions for parents to come along and have a coffee and chat etc. we are also able to offer a monthly day time session for those that find it difficult to attend evening sessions. We are based in Eynsham.								
(2) Grants								
Purpose for which the £50 grant is required:								
To cover cost of hiring venues and being able to offer free attendance Offering tea/coffee refreshments and also subsidise activities for parents which reduces any barriers which parents/ carers may have to joining support groups.								
Has your organisation previously applied to the Town Council for grant-aid?)		
If YES please give details								

(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:	Date: 10/7/24						

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