



# WITNEY TOWN COUNCIL

## Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

<b>(1) Your Organisation</b>			
Name of Organisation	WITNEY DRAMATIC SOCIETY		
Registered Address*	See attached document		
Post Code		Tel No.	
Contact Name	SHARON BUCK		
Position in Organisation	TREASURER <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	NO	Registration No.	
<i>What are the activities and/or aims of the organisation:</i> <ul style="list-style-type: none"><li>• To further the interest of Dramatic Arts</li><li>• To provide members with information and theatrical skills</li><li>• To provide opportunities for members to practise these skills at club nights and in several productions a year</li><li>• To arrange visits to the theatre and other social functions for members</li></ul>			

**(2) Membership**

How many members do you have?

28

Approximately how many of your members live in Witney?

25

Is membership restricted in any way?

Over 16's only

What is your annual subscription, if any?

£25

Are you affiliated to a national organisation? If so, which one?

No

Local venue/meeting place

Witney High Street Methodist Church

**(3) Grants**

Purpose for which the grant is required:

To upgrade our current lighting stock, which is now obsolete, with LED lighting, thereby improving efficiency and reducing our carbon footprint. This will also require a compatible lighting desk. This will be done in phases as funding becomes available – we are currently requesting a grant for phases 1 and 2 (see attached documentation).

Amount of grant applied for

£7300

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

NO

If YES please give details

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

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?  
Performances (February panto and October play)  
Quiz nights

**(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: 15/11/24

*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.	