



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WITNEY in Pink.	
Registered Address*			
Post Code		Tel No.	
Contact Name	Jeanne Chattoe B.E.M		
Position in Organisation	Chair of Witney Action Group (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	YES/NO	Registration No.	1127258
What are the activities and/or aims of the organisation: Research into secondary breast cancer with the ultimate aim of providing a vaccine.			
(2) Membership			
How many members do you have?		12	
Approximately how many of your members live in Witney?		10	
Is membership restricted in any way?		No	
What is your annual subscription, if any?		none	
Are you affiliated to a national organisation? If so, which one?		Against Breast Cancer	
Local venue/meeting place		Richmond Village	

(3) Grants

Purpose for which the grant is required:

25th Anniversary of Witney
in Pink - originally created by Jeanne Chattoe B.E.M.

Amount of grant applied for

£ 300

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

YES/NO

If YES please give details

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?

Witney in Pink. Sept. 2025. local fund raising -
Football Club Witney/Shake Shop/Howdens/Blue Boat
Crayfish Pint - Quiz - Parade - Big Band Entertainment**(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.

WIP Member

Signed:

Date:

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.	