



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	BROADHILL PRESCHOOL		
Registered Address*	131 HAILEY ROAD WITNEY, OXFORDSHIRE		
Post Code	OX 28 1HL	Tel No.	01993 705509
Contact Name	JANE DAVIES		
Position in Organisation	JOINT PRESCHOOL MANAGER (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	YES/NO	Registration No.	271750
<i>What are the activities and/or aims of the organisation:</i> RESURFACING OF OUR BOAT PLAY AREA IN THE GARDEN UNFORTUNATELY AT PRESENT WE ARE UNABLE TO USE THIS WONDERFUL AREA WHICH SUPPORTS THE CHILDREN'S IMAGINATIVE DEVELOPMENT DUE TO THE SURFACE BEING TOO DANGEROUS.			
(2) Membership			
How many members do you have?	COMMITTEE OF CHILDREN STAFF 7 /FAMILIES 20+		
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?	OFSTED REG NO 134458		
Local venue/meeting place			

(3) Grants

Purpose for which the grant is required:

RESURFACE BOAT AREA WITH ALL WEATHER
PROFESSIONALLY FITTED RUBBER MULCH

Amount of grant applied for £ 6206.00 IS THE QUOTA
SO AS MUCH AS
POSSIBLY PLEASE

Has your organisation previously applied to the Town Council for a grant? YES NO

If YES please give details MONIES TOWARDS OUR PERGOLA

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?

FETES, CAKE SALES, RAFFLES AND SPONSORED
EVENTS.

(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: 13/01/2026

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.	