



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	THE WITNEY SHED		
Registered Address*	SEEWOOD HALL, FETTIPLACE ROAD, TOWER HILL, WITNEY, OX28 5AR		
Post Code	OX28 5AR	Tel No.	—
Contact Name	PHIL TARRY		
Position in Organisation	CHAIR <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES <input checked="" type="radio"/> NO <input type="radio"/>	Registration No.	
<p>What are the activities and/or aims of the organisation: DROPS IN CENTRE OFFERING WOOD & CRAFT ACTIVITIES FOR LOCALS. COMPANIONSHIP AND COFFEE, KNITTING AND CROCHET RECYCLING TIMBER PRODUCING BIRD BOXES, HEDGENOC HOUSE AND SIMILAR. WE HELP THE COUNTRY PARK. REFURBISHMENT OF ITEMS OF SEATING AND STREET FURNITURE GOOD QUALITY OF LIFE. SERVICE FREE TO PARTICIPANTS</p>			
(2) Membership			
How many members do you have?	50		
Approximately how many of your members live in Witney?	6		
Is membership restricted in any way?	ADULTS ONLY		
What is your annual subscription, if any?	NONE		
Are you affiliated to a national organisation? If so, which one?	UK MENS SHED ASSOCIATION		
Local venue/meeting place	SEEWOOD HALL, WITNEY		

(3) Grants

Purpose for which the grant is required: BATTERY DRILLS & IMPACT SCREW DRIVERS. BATTERY SAW AND TWO BATTERIES

Amount of grant applied for

£450

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

YES

If YES please give details

TOWN COUNCIL CHARITY

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?

SALES OF ITEMS MADE TO COVER RUNNING COSTS. PUBLICITY STANDS AT LOCAL 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: 26 02 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.	