



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		THE STATION YOUTH PROJECT	
Registered Address*		18 Nourse Close Leckhampton Cheltenham	
Post Code	gl53 0nq	Tel No.	
Contact Name	JASON HUFFADINE		
Position in Organisation	PROJECT DIRECTOR (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	YES	Registration No.	1143123
<i>What are the activities and/or aims of the organisation:</i> Provide Youth services in West Oxon and promote social activity			
(2) Membership			
How many members do you have?		WE CONNECT WITH 400 YOUNG PEOPLE A WEEK.	
Approximately how many of your members live in Witney?		WE CURRENTLY WORK ONLY IN WITNEY	
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?		NO	
Local venue/meeting place			

(3) Grants

Purpose for which the grant is required: TO HOST A SERIES OF PARENTING COURSES TO SUPPORT PARENTS IN RAISING CONFIDENT AND RESILIENT YOUNG PEOPLE

Amount of grant applied for

£ £441.00

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

YES

If YES please give details

SLA YOUTH GRANT
YOUTH GRANT

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

YES

If YES please give details

NO OTHER GRANTS AT PRESENT FOR THE PARENTING COURSES

(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.

STILL BEING AUDITED I THINK – I'LL GET THEM FOR YOU ASAP

(5) Fundraising

What fundraising events or activities will your organisation be holding this year?

GRANT APPLICATIONS

USING THE MILK FLOAT AT EVENTS WITH THE INVITATION TO DONATE TO THE WORK

(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: JASON HUFFADINE

Date: 27 JULY 2026

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

For office use only: