




WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		JEWINS WOMEN2WOMEN LTD	
Registered Address*		HEXAGON BUSINESS CENTER AVENUE 4 STATION LANE	
Post Code		Tel No.	
OX28 4BN	[REDACTED]		
Contact Name		RUTH OBASA	
Position in Organisation		CEO <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		YES	Registration No. 1145146
<i>What are the activities and/or aims of the organisation:</i>			
WE PROVIDE ONLINE COACHING AND COUNSELLING TO BAME WOMEN WHO HAVE BEEN VICTIMS OF DOMESTIC VIOLENCE, WE ALSO PROVIDE COURT SUPPORT			
(2) Membership			
How many members do you have?		50	
Approximately how many of your members live in Witney?		10	
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?		NO	

Local venue/meeting place		
(3) Grants		
Purpose for which the grant is required: CONTIUE ONLINE COACHING AND OCUNSELLING		
Amount of grant applied for	£500-1000	
Has your organisation previously applied to the Town Council for a grant?	YES	
If YES please give details	Over a year ago	
Have you applied for a grant to any other body or organisation?	yes	
If YES please give details	Oxfordshire county council	
(4) Financial		
<i>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.</i>		
(5) Fundraising		
What fundraising events or activities will your organisation be holding this year?		
Social enterprise activities to raise money: online concert, charity stalls		
(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>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.</i>		
		Date: 13/4/2021

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.	