

WITNEY TOWN COUNCIL

Youth Grant Fund APPLICATION FORM

(PLEASE COMPLETE ELECTRONICALLY)

Organisation				
Name of Organisation				
Registered Address (including Post Code)				
Website		Telephone		
Facebook/Twitter		Email		
Contact Name				
Position in Organisation	(i.e. Ch	airman, Treasurer, S	Secretary)	
Registered Charity	YES/NO	Registration Number		
What are the activities and/or aims of the organisation?				
Membership				

How many members do you have?	
Approximately how many of your members live in Witney?	
Is membership restricted in any way?	
What is your annual subscription, if any?	
Are you affiliated to Oxfordshire Youth or other similar umbrella organisation? If so, which one?	
Local venue/meeting place (if applicable)	
Grant-Funding	
Purpose for which the grant is required:	

Amount of grant applied for		£		
Has your organisation previously applied to the Town Council for a grant? YES/I			YES/NO	
If YES, please give details				
Have you applied for a grant to an	y other body or organ	isation?	YES/NO	
If YES, please give details				
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.				
Fundraising				
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Fundraising What fundraising events or activiti	es will your organisati	on be holding this year?		
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General				
Please provide or attach any additional information decision.	which may assist the Council in reaching its			
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:			
Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK				
For office use only:				

To one decoding.			
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y/N	Chq No.	