



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation

Name of Organisation	ROTARY CLUB OF WITNEY		
Registered Address*	[REDACTED]		
Post Code	[REDACTED]	Tel No.	[REDACTED]
Contact Name	BRIAN WRIGHT		
Position in Organisation	CHAIR CHRISTMAS LIGHTS COMMITTEE (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	YES	Registration No.	1028759

What are the activities and/or aims of the organisation:

THE AIMS ARE TO SERVE THE NEEDS OF THE COMMUNITY BOTH LOCALLY AND INTERNATIONALLY.

(2) Membership

How many members do you have?	39
Approximately how many of your members live in Witney?	31
Is membership restricted in any way?	NO
What is your annual subscription, if any?	£110
Are you affiliated to a national organisation? If so, which one?	ROTARY INTERNATIONAL

Local venue/meeting place		BLUE BOAR	
(3) Grants			
Purpose for which the grant is required: TO COVER THE COSTS OF RUNNING THE CHRISTMAS LIGHTS SWITCH-ON			
Amount of grant applied for		£2100	
Has your organisation previously applied to the Town Council for a grant?			YES
If YES please give details	IN PREVIOUS YEARS FOR RUNNING THE SAME EVENT AND THE ANNUAL WITNEY CARNIVAL		
Have you applied for a grant to any other body or organisation?			NO
If YES please give details			
(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> SEE SEPARATE DOCUMENT. (AWAITING INDEPENDENT EXAMINATION)			
(5) Fundraising			
What fundraising events or activities will your organisation be holding this year? FUN RUN, TEA PARTIES FOR SENIOR CITIZENS, SANTA'S SLEIGH, TIN SHAKES, CHILDREN IN NEED			
(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>			
Signed: BRIAN WRIGHT		Date: 19/08/2021	

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.	
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