



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Witney Day Centre/The Witney Shed		
Registered Address*	[REDACTED]		
Post Code	[REDACTED]	Tel No.	[REDACTED]
Contact Name	Linda Young		
Position in Organisation	Director (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	YES	Registration No.	1181214
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>To provide a service to the local community. Due to Covid Elderly people have been isolated and lonely. We want to provide friendship and workshop activities re the business plan.</p>			
(2) Membership			
How many members do you have?	50		
Approximately how many of your members live in Witney?	50		
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, but may join the Man Shed Association		
Local venue/meeting place	Ceewood Hall		

(3) Grants

Purpose for which the grant is required:

Help towards building a shed pergola and wood store as well as progressing to garden seating and community garden.

Amount of grant applied for

£3,000 to start the project

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

NO

If YES please give details

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

YES

If YES please give details

Cllr Andrew Coles County Councillor Priority Fund

(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?

(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: L Young

Date: 17.09.21

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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