



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		Witney Twinning Association	
Registered Address*		Hexagon House, Ave Four, Station Lane, Witney	
Post Code		OX28 4BN	Tel No.
Contact Name		John Thornton	
Position in Organisation		Chairman <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		NO	Registration No.
<i>What are the activities and/or aims of the organisation:</i> The Twinning Association nurtures the relationship between our Twin Towns and encourages residence, businesses and schools to broaden their reach by interacting with their counterparts.			
(2) Membership			
How many members do you have?		66	
Approximately how many of your members live in Witney?		55	
Is membership restricted in any way?		No	
What is your annual subscription, if any?		£0	
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 generate awareness of our association, bring in more members and continue to interact with our Twin Towns.		
Amount of grant applied for	£500.00	
Has your organisation previously applied to the Town Council for a grant?	YES/NO	
If YES please give details	Yes, for an annual contribution as well as bringing the member back together around remembrance	
Have you applied for a grant to any other body or organisation?	NO	
If YES please give details		
(4) Financial		
(5) Fundraising		
What fundraising events or activities will your organisation be holding this year? The main activities to raise fund will come from holding a couple of Dinners throughout the year as soon as it becomes safe where we will be holding a raffle that will generate funds.		
(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: <i>John Thornton</i>	Date: 09/10/21	

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.	