



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Windrush Radio Limited		
Registered Address*	[REDACTED]		
Post Code	[REDACTED]	Tel No.	[REDACTED]
Contact Name	JASON HOLDEN OR SIMON OLIVER		
Position in Organisation	DIRECTOR <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/NO	Registration No.	
<i>What are the activities and/or aims of the organisation:</i>			
<p>Windrush Radio was established in 2018 with one simple mission in mind: to bring the best music to the coolest listeners around West Oxfordshire and the rest of the planet. With quality shows and talented presenters, Windrush Radio is one of the best local stations in the area and quickly gaining a great rep across county.</p> <p>We aim to broadcast on DAB or FM in the future, we also want to be the voice of the Community in witney and cover many events.</p>			
(2) Membership			
How many members do you have?	20		
Approximately how many of your members live in Witney?	All of them		

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?	PPL Licencing
Local venue/meeting place	Langdale Hall

(3) Grants

Purpose for which the grant is required: Equipment for outside broadcasting events in the community

Amount of grant applied for	£2000
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Has your organisation previously applied to the Town Council for a grant?	YES/NO
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If YES please give details	
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Have you applied for a grant to any other body or organisation?	YES/NO
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If YES please give details	
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(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?
A to D of Indie event for Mental Health Charity
Witney Pride
Witney Music Festival

(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.

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Signed:	Date:
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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.	