WITNEY TOWN COUNCIL



Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation								
Name of Organisation		Cllr Liz Duncan Mayor of Witney						
Registered Address*		Town Hall Market Square Witney						
Post Code	OX28 6AG		Tel No.	Secretary: 01993 226073				
Contact Name		Loraine Harwood						
Position in Organisation		Secretary to the Mayor (i.e. Chairman, Treasurer, Secretary)						
Registered Cl	harity	YES/ NO	Re	gistration No.				
What are the activities and/or aims of the organisation: Charity events to be held in the Corn Exchange								
(2) 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 a nation If so, which one?		onal organisatio	on?					

Local venue/meeting place					
(3) Grants					
Purpose for which the grant is required: Three uses of the Main Hall or Gallery Room of Corn Exchange for Charity events					
Amount of grant applied for		$\pounds 170 \times 3 = \pounds 510$ (ie Max hall hire for main hall on weekend)			
Has your organisation previously applied to the Town Council for a grant?			ouncil for a grant?	YES/ NO	
If YES please give details					
Have you applied for a grant to ar	ny other body	or organi	sation?	YES/ NO	
If YES please give details					
(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?					
Likely to hold events such as charity quiz etc on behalf of chosen charities for my term of office					
(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: Loraine Harwood on behalf of Liz Duncan Date: 23.5.22					

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.	