



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		MADLEY PARK HALL TRUST	
Registered Address*		NORTHFIELD FARM LANE, WITNEY, OXFORDSHIRE	
Post Code	OX 28 1UE	Tel No.	
Contact Name		ANDY McCULLOCH	
Position in Organisation		CHAIRPERSON <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity	YES/ NO	Registration No.	1142126
What are the activities and/or aims of the organisation: <i>Provision and maintenance of a village hall for use by inhabitants of Witney and surrounding area, including for meetings, classes and other forms of recreation for the improvement of life for the inhabitants.</i>			
(2) Membership			
How many members do you have?		6 (Trustees)	
Approximately how many of your members live in Witney?		6	
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	
Local venue/meeting place		The Hall.	

(3) Grants	
Purpose for which the grant is required: <i>Post-covid support, to cover running costs while income gradually returns to normal levels.</i>	
Amount of grant applied for	<i>£ 5,000</i>
Has your organisation previously applied to the Town Council for a grant?	YES/ NO
If YES please give details	<i>This is the third of three grants (£15k and £10k) for start-up and support of the hall.</i>
Have you applied for a grant to any other body or organisation?	YES/ NO
If YES please give details	<i>We are applying for WODC Community Revenue Grant</i>
(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>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? <i>Summer Fayre (July), Bingo (Easter & Christmas).</i>	
(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:	Date: <i>19/5/2022.</i>

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.	