



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	VOICEBOX CHOIR		
Correspondence Address			
Post Code		Tel No.	
Contact Name	JENNIFER BARRACLOUGH		
Position in Organisation	CHOIR ADMINISTRATOR <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES <input checked="" type="radio"/> NO	Registration No.	N/A
What are the activities and/or aims of the organisation: TO FURTHER THE CAUSE OF CHORAL MUSIC BY ITS STUDY AND PRACTICE AND BY ITS PUBLIC PERFORMANCE IN ORDER TO FOSTER PUBLIC APPRECIATION OF SUCH MUSIC			
(2) Membership			
How many members do you have?	36		
Approximately how many of your members live in Witney?	30		
Is membership restricted in any way?	NO		
What is your annual subscription, if any?	£315 (MAX: VARIABLE)		
Are you affiliated to a national organisation? If so, which one?	NATIONAL ASSOCIATION OF CHOIRS		
Local venue/meeting place	WEST WITNEY PRIMARY SCHOOL		

(3) Grants

Purpose for which the grant is required: **HALL PREPARATION, CLEANING,
STAGE FEES FOR CHARITY
PERFORMANCE AT LANGDALE HALL 19 JULY**

Amount of grant applied for **£100**

Has your organisation previously applied to the Town Council for a grant? YES **NO**

If YES please give details

Have you applied for a grant to any other body or organisation? 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.
BANK ACCOUNT + INFO ATTACHED

(5) Fundraising

What fundraising events or activities will your organisation be holding this year?
**WE DO NOT FUNDRAISE FOR THE CHOIR BUT FOR
OTHER ORGANISATIONS EG PERFORMANCES IN AID OF
OXFORD MENCAP, GOT2BE IN 2022**

(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

Date: **5.7.22**

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 / M	Chq. No.	