

**WITNEY TOWN COUNCIL**

**Grant-aid to Local Organisations**

**APPLICATION FORM**

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Your Organisation** | | | | | | | | | |
| Name of Organisation | |  | | | | | | | |
| Registered Address\* | |  | | | | | | | |
|  | | | | | | | | | |
| Post Code |  | | | | Tel No. | | |  | |
| Contact Name | |  | | | | | | | |
| Position in Organisation | | (i.e. Chairman, Treasurer, Secretary) | | | | | | | |
| Registered Charity | | YES/NO | | Registration No. | | |  | | |
| *What are the activities and/or aims of the organisation:* | | | | | | | | | |
| **(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 national organisation? If so, which one? | | | | |  | | | | |
| Local venue/meeting place | | | | |  | | | | |
| **(3) Grants** | | | | | | | | | |
| Purpose for which the grant is required: | | | | | | | | | |
| Amount of grant applied for | | | | | £ | | | | |
| 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.* | | | | | | | | | |
| **(5) Fundraising** | | | | | | | | | |
| What fundraising events or activities will your organisation be holding this year? | | | | | | | | | |
| **(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: | | | |  |

*Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK*

|  |  |  |  |
| --- | --- | --- | --- |
| For office use only: |  | Previously Applied |  |
| Acknowledged |
| Grant Aid Awarded/Amount | Y / N | Chq No. |  |

\*Please note that if your address and telephone number are personal information and not that of the company or organisation, please complete the form below which will not be published on our website and will be held in accordance with GPDR regulations. By submitting this form, you are agreeing to the Town Council storing your personal information.

|  |  |
| --- | --- |
| **Address for correspondence:** |  |
| **Telephone number:** |  |
| **E mail address:** |  |