**Youth Services Grant 2025/26**

**Application Form**

 (PLEASE COMPLETE ELECTRONICALLY)

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| **Organisation** |
| Name of Organisation |  |
| Registered Address(including Post Code) |  |
| Website |  | Telephone |  |
| Facebook/Twitter |  | Email |  |
| Contact Name |  |
| Position in Organisation | (i.e. Chairman, Treasurer, Secretary) |
| Registered Charity | YES/NO | Registration Number |  |
| What are the activities and/or aims of the organisation? |
| **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 Oxfordshire Youth or other similar umbrella organisation? If so, which one? |  |
| Do you have safeguarding procedures in place? |  |
| Local venue/meeting place (if applicable) |  |
| **Grant-Funding** |
| 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 |  |  |
| **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. |
| **Fundraising** |
| What fundraising events or activities will your organisation be holding this year? |
| **General** |  |
| 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: |  |

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

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