A logo with a green and blue background

AI-generated content may be incorrect.**Youth Services Grant 2025/26**

**Application Form**

(PLEASE COMPLETE ELECTRONICALLY)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. |  |