



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Wear Without Waste		
Registered Address*	[REDACTED]		
Post Code	OX29 9UA	Tel No.	[REDACTED]
Contact Name	Naomi Bridges		
Position in Organisation	Business owner/partner <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	NO	Registration No.	
<i>What are the activities and/or aims of the organisation:</i> We are a new local small business trying to repurpose second hand garments to build sustainability and promote a circular fashion system. Selling and altering evening wear at a range of prices, suitable for all budgets. We want to hold some events to showcase our stock, targeting the prom/bridal market.			
(2) Membership			
How many members do you have?	N/A		
Approximately how many of your members live in Witney?	N/A		
Is membership restricted in any way?	N/A		
What is your annual subscription, if any?	N/A		
Are you affiliated to a national organisation? If so, which one?	N/A		
Local venue/meeting place	N/A		

(3) Grants

Purpose for which the grant is required: Hire of the Corn Exchange

Amount of grant applied for

£

Has your organisation previously applied to the Town Council for a grant?

NO

If YES please give details

Have you applied for a grant to any other body or organisation?

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?

N/A

(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: Naomi Bridges

Date:6/12/2022

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.	