



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		LIBFEST	
Registered Address*			
WITNEY		OXFORDSHIRE	
Post Code		Tel No.	
Contact Name		FAWE CARRICK	
Position in Organisation		CHAIR OF LIBFEST <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		YES <input checked="" type="radio"/> NO <input type="radio"/>	Registration No.
<i>What are the activities and/or aims of the organisation:</i> TO PUT ON A ONE DAY FESTIVAL IN MEMORY OF LIBERTY BAKER WHO WAS A 14 yr OLD GIRL WHO WAS KILLED BY A DANGEROUS DRIVER WHILST WALKING TO SCHOOL IN WITNEY. WE RAISE MONEY FOR 3 NOMINATED CHARITIES EACH TIME WE HOLD A FESTIVAL			
(2) Membership			
How many members do you have? Approximately how many of your members live in Witney?		THE LIBFEST TEAM IS 10 PEOPLE 8 live in witney, 2 in Abingdon.	
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		ADDRESS AS ABOVE FOR COMMITTEE MEETINGS.	

(3) Grants	
Purpose for which the grant is required: TO COVER THE COST OF THE HIRE OF THE LEYS FOR 24TH JUNE 2023	
Amount of grant applied for	£ 1,476.00
Has your organisation previously applied to the Town Council for a grant?	YES/NO
If YES please give details	PREVIOUS YEARS OF LISPET - 2015, 2016, 2017, 2019
Have you applied for a grant to any other body or organisation?	YES/NO
If YES please give details	
(4) Financial	
<i>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.</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? General fundraising - Oxford Half Marathon, New York Marathon, raffle, street collection, 'snail race night', music event in local pubs.	
(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>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.</i>	
Signed:	Date: 05/01/23

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.	