



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WHERE THE FRUIT IS	
Registered Address*		ABBEEY HOUSE. 59, BLUNHTEM CLOSE DIDDOT. OXON	
Post Code		Tel No.	
0x117 JL			
Contact Name		SARAH LAWFOUL	
Position in Organisation		DIRECTOR <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		YES/NO	Registration No.
		YES	
<p>What are the activities and/or aims of the organisation: TO PROVIDE TRAINING MENTORING IN AND THROUGH NATURE TO IMPROVE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE. WE WORK WITH TEACHERS, EARLY YEARS SPECIALISTS INCLUDING CHILDMINDERS & FAMILIES.</p>			
(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?		FOREST SCHOOL ASSOCIATION EARLY EDUCATION INSTITUTION FOR OUTDOOR	
Local venue/meeting place		LOCAL NATURE SPACES LEARN WZ	

(3) Grants

Purpose for which the grant is required: **LOCAL NATURE NOW CAREERS WITH YOUNG CHILDREN** **TO RUN 3 SETS OF SESSIONS FOR** **refugees children grandparent for awareness.**

Amount of grant applied for **£ 7,500**

Has your organisation previously applied to the Town Council for a grant? **YES/NO.**

If YES please give details **TO RUN ONE 6 WEEK SET OF SESSIONS - NATURE NOW**

Have you applied for a grant to any other body or organisation? **YES/NO.**

If YES please give details **OR FOR DSHIRE COUNTY COUNCIL NATURE NOW - COVID RECOVERY PROJECT.**

(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?
NONE FOR THIS NATURE NOW IN WITNEY PROJECT

(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. **Please see the report of the Pilot Project.**

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: **25.01.2024**

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.	