



# WITNEY TOWN COUNCIL

## Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	WITNEY CARNIVAL		
Registered Address*	[REDACTED]		
	[REDACTED]		
Post Code	[REDACTED]	Tel No.	[REDACTED]
Contact Name	SIMON HAMILTON		
Position in Organisation	CHAIR OF WITNEY CARNIVAL COMMITTEE <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/NO	Registration No.	
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>TO ARRANGE THE WITNEY CARNIVAL PROCESSION AROUND WITNEY FOLLOWED BY THE WITNEY CARNIVAL ON THE LEYS</p>			
(2) Membership			
How many members do you have?	11 COMMITTEE MEMBERS PLUS MEMBERS OF LIONS, ROTARY & ATC		
Approximately how many of your members live in Witney?	NOT KNOWN EXACTLY BUT AT LEAST 25 IN THE WITNEY AREA		
Is membership restricted in any way?	RESTRICTED TO MEMBERS OF WITNEY ROTARY CLUB, WITNEY LIONS, WITNEY ROUND TABLE AND WITNEY ATC STAFF		
What is your annual subscription, if any?	NIL		
Are you affiliated to a national organisation? If so, which one?	NOT AFFILIATED		
Local venue/meeting place	VARIABLE – WITNEY ATC HQ, CORN EXCHANGE, LOCAL HOSTELRIES, PRIVATE HOUSES		

**(3) Grants**

Purpose for which the grant is required: TO SPONSOR AND SUPPORT WITNEY CARNIVAL 2024 – IN PARTICULAR TO HELP WITH THE COSTS OF ESSENTIAL INFRASTRUCTURE REQUIRED FOR SUCH AN EVENT. DETAILS ARE ANNOTATED AT THE END OF THIS DOCUMENT.

Amount of grant applied for

£2400

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

YES/~~NO~~

If YES please give details

PREVIOUS WITNEY CARNIVALS

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

~~YES~~/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?

ONLY WITNEY CARNIVAL 2024

**(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:



Date:

11 JANUARY 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.	