WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

| (1) Your (| Organisation | 1 | | | | | | |
|--|--------------|--|---------------------------------------|----------------|------|------------------------|---|--|
| Name of Organisation | | Raising funds on behalf of Oxfordshire Mind and Bridewell Gardens Mental Health Recovery | | | | | | |
| Registered Address* | | N/A | | | | | | |
| | | • | | | | | | |
| Post Code | | | Tel No. | | | | | |
| Contact Name | | Adrian Phillips | Adrian Phillips – external fundraiser | | | | | |
| Position in Organisation | | N/A (i.e. Chairman, Treasurer, Secretary) | | | | | | |
| Registered Charity | | YES | Re | gistration No. | Mind | 261475 well 1158456 | 6 | |
| Charity Quiz | Fri 14 June | at The Corn Ex | cha | ange Witney | | | | |
| (2) Memb | ership | | | N 1/A | | | | |
| 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 | | | | | |

| | N/A | | | | | | |
|--|---|--|------------------|--|--|--|--|
| Local venue/meeting place | | | | | | | |
| (3) Grants | | | | | | | |
| To cover the costs of hiring the Corn Exchange | | | | | | | |
| Amount of grant applied for | £257.00 £187.50 – hire, £19.50 PLI, £50.00 Bar | | | | | | |
| 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 an | 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. N/A | | | | | | | |
| (5) Fundraising | | | | | | | |
| See (1) and (3) | | | | | | | |
| (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: 08/04/2024 | | | | |

| For office use only: | | | |
|--------------------------|-----|--------------------|--|
| Acknowledged | | Previously Applied | |
| Grant Aid Awarded/Amount | Y/N | Chq No. | |