



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	WITNEY FOOD REVOLUTION		
Registered Address*	WESLEY CENTRE, WITNEY		
Post Code	OX28 6HG	Tel No.	
Contact Name	LINDA COX		
Position in Organisation	DEPUTY CHAIRPERSON <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	NO	Registration No.	
<i>What are the activities and/or aims of the organisation:</i> -To reduce and promote the reduction of food waste -To help reduce food poverty, using surplus food -Provide access to good affordable food in the community -Work alongside others to provide support to the community			
(2) Membership			
How many members do you have?	25000 per annum		
Approximately how many of your members live in Witney?	Majority of our users live in Witney but we have users from across West Oxfordshire		
Is membership restricted in any way?	Any and everyone is welcome		
What is your annual subscription, if any?	N/A		
Are you affiliated to a national organisation? If so, which one?	Fairshare		
Local venue/meeting place	Wesley Centre, Witney		

(3) Grants

Purpose for which the grant is required:

To cover the cost of room hire and exclusive use of the bar to hold an anniversary fund raiser for the Witney Food Revolution

Amount of grant applied for

£237.50

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

NO

If YES please give details

N/A

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

NO

If YES please give details

Not for this event

(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?

Nothing planned at this time between now and the end of 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: 01/10/2024

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.	