

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*		GREY GABLES, CLEVELEY ROAD,						
ENSTONE, CHIPPING NORTON, OXON								
Post Code O		X7 4LW		Tel No.				
Contact Name								
Position in Organisation		CHAIR OF WITNEY CARNIVAL COMMITTEE (i.e. Chairman, Treasurer, Secretary)						
Registered Charity		YES /NO	Reg	Registration No.				
What are the activities and/or aims of the organisation:								
PROVISION OF THE ANNUAL WITNEY CARNIVAL ON THE SECOND SATURDAY IN JULY.								
THE CARNIVAL COMPRISES A PROCESSION AROUND WITNEY FROM THE LEYS TO THE LEYSĐN THE LATE MORNING (11.00AM - 12.30PM) FOLLOWED BY A CARNIVAL ON THE LEYS FROMÑ2.30PM UNTIL 4.30PM.								
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(2) Membership How many members do you have?		11 COMMITTEE MEMBERS PLUS MEMBERS OF			
Approximately how many of your		LIONS, ROTARY & ATC NOT KNOWN			
members live in Witney?	*				
Is membership restricted in any w	ay?	RESTRICTED TO MEMBERS OF WITNEY ROTARY CLUB WITNEY LIONS, WITNOET ROUND TABLE AND WITNEY ATO STAFF			
What is your annual subscription,	if any?	NIL			
Are you affiliated to a national org which one?	anisation? If so,	NOT AFFILIATED			
Local venue/meeting place		VARIABLE – WITNEY ATC HQ, CORN EXCHANGE, LOCAL HOSTELRIES, PRIVATE HOUSES			
(3) Grants					
	COSTS OF ESSENT	PONSOR AND SUPPORT WITNEY CARI TIAL INFRASTRUCTURE REQUIRED FOR CUMENT.			
Amount of grant applied for		£2400			
Has your organisation previously	applied to the Tov	wn Council for a grant?	YES/ NO		
If YES please give details	PREVIOUS V	PREVIOUS WITNEY CARNIVALS			
Have you applied for a grant to ar	ny other body or c	organisation?	YES /NO		
If YES please give details					
(4) Financial	· · · · · · · · · · · · · · · · · · ·		2 ×		
Please enclose a copy of your lat balance sheet or a Business Plan i		unts, a financial projection for the per ion.	iod following th		
(5) Fundraising			2		
	ties will vour orga	nisation be holding this year?			
what inharaising events or activity					
ONLY WITNEY CARNIVAL 2025	,	, ,			

(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 authorise to make this application for Grant-aid.					
Signed:	Date:				
	27 January 2025				

 ${\it Please \ return \ your \ completed \ application \ form \ to \ the \ address \ overleaf, for \ the \ attention \ of \ the \ TOWN \ CLERK}$

For office use only:	4		
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y/N	Chq No.	