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, 40 High Street, Witney,		
Post Code	OX28 2HG	Tel No.	(personal)
Contact Name	Linda Cox		
Position in Organisation	Secretary and Events Co-chair		
Registered Charity	NO	Registration No.	

What are the activities and/or aims of the organisation:

-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?	Over 2500
Approximately how many of your members live in Witney?	Majority of our members live in or around West Oxfordshire
Is membership restricted in any way?	Anyone 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	£228.33	
Has your organisation previously applied to the Town Council for a grant?		YES
If YES please give details	You kindly help fund this event in 2024	
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 between now and the end of 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 authorised to make this application for Grant-aid.		
Signed: Linda Cox	Date: 19th October 2025	

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK