



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		OXFORDSHIRE FOSTER CARE ASSOCIATION	
Registered Address*			
Post Code		Tel No.	
Contact Name		ROTH MCVEIGH	
Position in Organisation		TREASURER <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity	YES/NO	Registration No.	1136591
<p>What are the activities and/or aims of the organisation:</p> <p>THE SUPPORT OF FOSTER CARERS IN OXFORDSHIRE, THEIR BIRTH AND FOSTERED CHILDREN</p>			
(2) Membership			
How many members do you have?		211	
Approximately how many of your members live in Witney?		35	
Is membership restricted in any way?		CARERS REGISTERED WITH OXFORDSHIRE COUNTY COUNCIL.	
What is your annual subscription, if any?		N/A	
Are you affiliated to a national organisation? If so, which one?		N/A	
Local venue/meeting place		ONLINE	

(3) Grants

Purpose for which the grant is required:

BOOKING OF WITNEY CINEMA TO PROVIDE FOSTER CARERS AND THEIR CHILDREN AN OPPORTUNITY TO DO SOMETHING TOGETHER.

Amount of grant applied for

£400

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

YES/NO

If YES please give details

Funding for Storage Unit Shelving to provide locals with equipment for foster care.

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?

ONLINE RAFFLE, Skydiving and Bonfire night.

(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: 20/11/26

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.	