



# WITNEY TOWN COUNCIL

## Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

| (1) Your Organisation   |  |   |                                 |
|---|--|---|---------------------------------|
| Name of Organisation  |  | FRIENDS OF WITNEY COMMUNITY PRIMARY SCHOOL  |                                 |
| Registered Address*   |  | WITNEY COMMUNITY PRIMARY SCHOOL, HAILEY ROAD,<br>WITNEY                                       |                                 |
| Post Code   |  | OX28 1HL  | Tel No.                         |
| Contact Name  |  | NATALIE JENKINS   |                                 |
| Position in Organisation  |  | CHAIR<br><br>(i.e. Chairman, Treasurer, Secretary)  |                                 |
| Registered Charity  |  | YES   | Registration No. <b>1202090</b> |
| <p><i>What are the activities and/or aims of the organisation:</i></p> <p>THE FRIENDS SERVES AS THE SCHOOLS PTA, RECRUITING VOLUNTEERS TO HELP ARRANGE AND RUN FUNDRAISING ACTIVITIES WHICH SUPPORT THE SCHOOL. WE ARE IN DESPERATE NEED OF PLAYGROUND EQUIPMENT/REPAIRS AND ALL FUNDS RAISED ARE IN SUPPORT OF THIS KEY PROJECT. WCPS SERVES AN AREA OF WITNEY WHERE THERE IS NO PLAYGROUND OR RECREATIONAL FACILITIES, SO IT IS IMPORTANT FOR THE CHILDREN TO HAVE ACCESS TO THESE FUNDAMENTAL RESOURCES VIA SCHOOL. TACKLING INACTIVITY AND HELPING CHILDREN TO BUILD HEALTHY ACTIVE HABITS IS VITALLY IMPORTANT FOR LIFELONG HEALTH, AS PER THE GOVERNMENTS NUMEROUS POLICIES AROUND ACTIVE CHILDREN. PERIODS OF ACTIVE PLAY ALSO HELP CHILDREN TO LEARN BETTER ONCE BACK INSIDE THE CLASSROOM.</p> |  |   |                                 |
| (2) Membership  |  |   |                                 |
| How many members do you have?   |  | 30 ACTIVE VOLUNTEERS INCLUDING 2 TRUSTEES. WE RAISE FUNDS FOR A SCHOOL OF APPROX 200 CHILDREN |                                 |
| Approximately how many of your members live in Witney?  |  | ALL   |                                 |
| Is membership restricted in any way?  |  | YOU MAY BE A COMMITTEE MEMBER BY BEING A PARENT OR TEACHER AT Witney CP                       |                                 |
| What is your annual subscription, if any?   |  | N/A   |                                 |
| Are you affiliated to a national organisation? If so, which one?  |  | PARENTKIND  |                                 |
| Local venue/meeting place   |  | WITNEY COMMUNITY PRIMARY SCHOOL   |                                 |

**(3) Grants**

Purpose for which the grant is required: TO FUND MUCH NEEDED NEW PLAYGROUND EQUIPMENT AND REPAIRS TO EXISTING OLD EQUIPMENT NOT FIT FOR PURPOSE SUPPORTING THE CHILDREN TO BE ACTIVE. THE 2019 INDICES OF DEPRIVATION SHOWS THAT 20% OF CHILDREN LIVING IN ALL WITNEY WARDS LIVE IN POVERTY AND RANKS WCPS'S AREA AS 3 OUT OF 10 ON THE SCALE FOR INCOME DEPRIVATION AFFECTING CHILDREN. THERE ARE NO PLAYGROUNDS/PARKS IN THIS AREA OF WITNEY. AND WHILST NOT A PUBLIC SPACE, THE PROVISION OF PLAYGROUND EQUIPMENT ON THE SCHOOL SITE FOR OVER 200 LOCAL CHILDREN ALIGNS WITH THE TOWN COUNCILS COMMUNITY AND SPACES STRATEGY TO ENHANCE PARKS, PLAY AREAS AND COMMUNITY FACILITIES.

Amount of grant applied for

£ 5000

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 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.*

**(5) Fundraising**

What fundraising events or activities will your organisation be holding this year?

DRAG BINGO, SPRING DISCO, SUMMER FAIR, BOOKS & BANGERS (STORY EVENT), WINTER FAIR

**(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: NATALIE JENKINS | Date:22 JAN 2026 |
|-------------------------|------------------|

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

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