



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		LITTLE OAK PRESCHOOL (WITNEY) LTD	
Registered Address*		WITNEY, OXON	
Post Code	OX28 5NG	Tel No.	
Contact Name	SARAH ROBINS		
Position in Organisation	MANAGER (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	☒ YES ☐ NO	Registration No.	1137934
What are the activities and/or aims of the organisation: WE PROVIDE CHILDCARE FOR CHILDREN BETWEEN THE AGES OF 2-5 YEARS OLD. WE SUPPORT CHILDREN WITH ENGLISH AS AN ADDITIONAL LANGUAGE AND CHILDREN WITH SPECIAL EDUCATIONAL NEEDS.			
(2) Membership			
How many members do you have?		8 @ 44 CHILDREN 8 STAFF	
Approximately how many of your members live in Witney?		7 @ 44 CHILDREN 7 STAFF	
Is membership restricted in any way?		NO	
What is your annual subscription, if any?		NONE	
Are you affiliated to a national organisation? If so, which one?		NO	
Local venue/meeting place			

(3) Grants

Purpose for which the grant is required: **REPLACE KITCHEN APPLIANCES THAT HAVE BROKEN AND ADD A WASHER DRYER TO CLEAN FLANNELS + SOFT TOYS ETC**

Amount of grant applied for

£1150

**£250 fridge
£400 dishwasher
£500 washer/dryer**

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

YES/NO ☒

If YES please give details

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?

**-SUMMER FATE STALL + QUEEN EMMAS
-SPORTS DAY**

(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: **30/06/2026**

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

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