WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation								
Name of Organisation		WITNEY MILLS CRICKET CLUB						
Registered Address*		NEWLAND, WITNEY						
		1						
Post Code	OX28 3JD			Tel No.				
Contact Name		PETER CLARIDGE						
Position in Organisation		VICE-CHAIRMAN (i.e. Chairman, Treasurer, Secretary)						
Registered Charity		NO	Re	gistration No.				
What are the activities and/or aims of the organisation: WE PROVIDE CRICKET FACILITIES FOR 150 MEMBERS (INCLUDING JUNIORS) AT WITNEY MILLS CRICKET GROUND. OUR THREE SENIOR SIDES ARE IN THE CHERWELL LEAGUE AND OUR YOUTH SECTION PROVIDES CRICKET FOR JUNIORS FROM AGED 5 TO 19.								
(2) Memb	ership							
How many members do you have?			150					
Approximately how many of your members live in Witney?				120				
Is membership restricted in any way?			NO					
What is your annual subscription, if any?			£60 Adults, £	5 Ju	uniors			
Are you affiliated to a national organisation? If so, which one?) If	NO				
Local venue/meeting place			WITNEY MIL	LS	CRICKET CLUB			

(3) Grants

Purpose for which the grant is required:

CONTRIBUTION TOWARDS THE PURCHASE OF A NEW OUTFIELD MOWER TO REPLACE THE EXISTING MOWER WHICH CAN NOT BE REPAIRED. WE HAVE FOUND IDENTIFIED A SECOND HAND MOWER WHICH IS SUITABLE AT A COST OF £10,800.00. OUR GRANT APPLICATION IS FOR 25% OF THIS FIGURE.

Amount of grant applied for	£ 2,700.00	£ 2,700.00		
Has your organisation previously a	YES			
If YES please give details	£500 FOR MAINTAINING WITNEY MILLS CRICKET GROUND			
Have you applied for a grant to an	YES			
If YES please give details	WEST OXFORDSHIRE DISTRICT COUNCIL WHO ADVISED WE SHOULD CONTACT WITNEY TOWN COUNCIL FIRST			

(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?

IT WAS OUR CENTENARY YEAR AND WE HELD A SPECIAL MATCH WHERE REFRESHMENTS WERE SOLD. WE WILL ALSO BE HOLDING AN AUCTION AT THE CENTENARY DINNER

(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: REDACTED Date: 19/09/2021

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.	