



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*	20 HIGH STREET, MILTON-UNDER-WYCHWOOD		
Post Code	OX7 6LE	Tel No.	07983327121
Contact Name	Debbie Light		
Position in Organisation	TREASURE <small>(i.e. Chairman, Treasurer, Secretary)</small>		
Registered Charity	YES/	Registration No.	1136591
<i>What are the activities and/or aims of the organisation:</i> <i>TO PROVIDE FOSTER AND KINSHIP FAMILIES WITH EQUIPMENT AND EXPERIANCES THEY'VE NEVER BE ABLE TO HAVE BEOFRE, SUPPORT THE CARERS AND CHILDREN THROUGH TOUGH TIMES</i>			
(2) Membership			
How many members do you have?	900 +		
Approximately how many of your members live in Witney?	125		
Is membership restricted in any way?	Yes		
What is your annual subscription, if any?	NA		

Are you affiliated to a national organisation? If so, which one?	No
Local venue/meeting place	
(3) Grants	
<p>PURPOSE FOR WHICH THE GRANT IS REQUIRED: EQUIPMENT / SHELVING FOR OUR STORAGE SPACE, THIS WILL COST £2419 – WHERE WE KEEP GIFTS FOR THE CHILDREN, BAGS & QUILTS FOR THEM WHEN THEY ARRIVE INTO OR MOVE FROM CARE (MANY ARRIVE WITH A BIN LINER). LAPTOPS. FUNDRAISING EQUIPMENT FOR OUR STORAGE IN MOOR RD, WITNEY WE ARE ALSO LOOKING TO PROVIDE A SPECIALIST HOLIDAY FOR 3 FAMILIES X 2 NIGHTS AWAY THAT HAVE CHILDREN WITH DISABILITIES £450 AT THOMLEY BERKS</p>	
Amount of grant applied for	£2869
Has your organisation previously applied to the Town Council for a grant?	/NO
If YES please give details	NA
Have you applied for a grant to any other body or organisation?	NO
If YES please give details	
(4) Financial	
<p><i>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.</i></p>	
(5) Fundraising	
<p>What fundraising events or activities will your organisation be holding this year?</p> <p>WE'RE HOLDING A WALK & TALK AT BLENHEIM PLACE TO RAISE FUNDS TO PROVIDE HOLIDAYS FOR OUR DISABLED CHILDREN. TOMBOLA, WINE N WATER STALL, XMAS RAFFLE</p>	
(6) General	
<p>Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature.</p> <p>Please provide or attach any additional information which may assist the Council in reaching its decision.</p>	
<p><i>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.</i></p>	
Signed: D Light	Date: 20 th May 22

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.	

*Please note that if your address and telephone number are personal information and not that of the company or organisation, please complete the form below which will not be published on our website and will be held in accordance with GPDR regulations. By submitting this form, you are agreeing to the Town Council storing your personal information.

Address for correspondence:	
Telephone number:	
E mail address:	