



Town Council Match Funding Scheme

Application form

Name of group:	
Main group contact: (full name and title)	
Position in group	
Address	
Telephone	
E-mail	
Provide a description of the match funding required and who will benefit from it	
Say how you know there is a need for the match funding	
Where is other funding to come from? (Tell us the funder and the amount you expect from them)	Funder £..... Funder £..... Funder £..... Funder £.....
What contribution to these costs would you like from	

the town council?	£
Location of the bench/defibrillator	
Please confirm how you will secure the item	
Please confirm if you have asked/gained permission from the landlord/landowner	
Have you an agreement in force to place on the property/land and use of electrical supply	
What is the structure of your organisation?	Informal group <input type="checkbox"/> Registered charity <input type="checkbox"/> Other <input type="checkbox"/> Please give details below

Supporting information checklist

Where relevant please ensure that the following documents are submitted with your application.

	Tick to confirm enclosure
Group constitution or set of rules	
Evidence of security	
Evidence of permission (if necessary)	
Evidence of agreement use of electrics and or building/land (if necessary)	

Please return to:

Clerk: Lisa Staggs
 mirfieldtowncouncil@gmail.com