# **Section 5: Declaration - Partnerships**

I apply, on behalf of the lead organisation named above, for a grant as proposed in this application in respect of expenditure to be incurred over the proposed funding period on the activities described.

**Lead organisation Signatory one**

I confirm that I am authorised to submit this application and that the information given in this form is true and accurate. My organisation authorises Scottish Government and Inspiring Scotland to hold any information supplied about this application in its electronic or manual records and that the information supplied can be used for the purposes of assessment; publicity or promotion of any award; or passed on to other external third parties without the need for further consent to be obtained.

I understand that you may contact me during the assessment process and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Lead organisation: Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Lead organisation: Independent Referee**

Provide details of an independent referee who knows the work of your organisation and/or the subject of this application

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| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Address 1 |  |
| Address 2 |  |
| Address 3 |  |
| Town |  |
| Postcode |  |
| Country |  |
| Telephone |  |
| Email |  |
| Relationship to your organisation |  |
| Can we contact your referee at this stage? |  |

**Partner organisations**

**Please provide two signatories for each partner. Only complete the following pages for the number of partners applying.**

**Partner organisation one**

**Signatory one**

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| **Address including postcode** | |
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| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Partner organisation one**

**Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| --- | --- |
| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |

**Partner organisation two**

**Signatory one**

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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Partner organisation two**

**Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |

**Partner organisation three**

**Signatory one**

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I understand that you may contact me during the assessment process and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Partner organisation three**

**Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |

**Partner organisation four**

**Signatory one**

I confirm that I am authorised to submit this application and that the information given in this form is true and accurate. My organisation authorises Scottish Government and Inspiring Scotland to hold any information supplied about this application in its electronic or manual records and that the information supplied can be used for the purposes of assessment; publicity or promotion of any award; or passed on to other external third parties without the need for further consent to be obtained.

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| **Name** | **Position** |
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| **Address including postcode** | |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
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| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Partner organisation four**

**Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| **Name** | **Position** |
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| **Phone number (or text phone)** |  |
| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |

**Partner organisation five**

**Signatory one**

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I understand that you may contact me during the assessment process and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me.

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| **Name** | **Position** |
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| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |
| (dd/mm/yyyy) |  |

**Partner organisation five**

**Signatory two**

I confirm that this application and the proposed work within it have been authorised by the **Board of Trustees** or other governing body.

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| **Name** | **Position** |
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| **Mobile number** |  |
| **Email** |  |
| **Date** | **Signature** |