# **Section 5: Declaration – Single Applicant**

I apply, on behalf of the 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.

**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.

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

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

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? |  |