



## 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.

<b>Name</b>	<b>Position</b>
Emma Ritch	Executive Director
<b>Address including postcode</b>	
10 Old Tolbooth Wynd, Edinburgh, EH8 8EQ	
<b>Phone number (or text phone)</b>	0131 558 9596
<b>Mobile number</b>	██████████
<b>Email</b>	Emma.ritch@engender.org.uk
<b>Date</b>	<b>Signature</b>
27.05.21	

### 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.

<b>Name</b>	<b>Position</b>
Nina Murray	Convener
<b>Address including postcode</b>	
██	
<b>Phone number (or text phone)</b>	██████████
<b>Mobile number</b>	██████████



<b>Email</b>	██████████@gmail.com
<b>Date</b>	<b>Signature</b>
27.05.21	

**Lead organisation: Independent Referee**

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

Name	Talat Yaqoob
Position	Independent Equalities Consultant
Organisation	Ideas for Equality
Address 1	66 Mountcastle Drive South
Address 2	
Address 3	
Town	Edinburgh
Postcode	EH15 3LU
Country	Scotland
Telephone	██████████
Email	██████████@outlook.com
Relationship to your organisation	Partner
Can we contact your referee at this stage?	Yes

**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**

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.

<b>Name</b>	<b>Position</b>
Sandy Brindley	Chief Executive
<b>Address including postcode</b>	
10 Bothwell Street, Glasgow, G2 6LU	
<b>Phone number (or text phone)</b>	
<b>Mobile number</b>	██████████
<b>Email</b>	██████████@rapecrisisscotland.org.uk
<b>Date</b>	<b>Signature</b>
27/05/21	

**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.

<b>Name</b>	<b>Position</b>
Lindsey Millen	Board Member
<b>Address including postcode</b>	
████████████████████	
<b>Phone number (or text phone)</b>	0141 572 4730
<b>Mobile number</b>	██████████
<b>Email</b>	██████████@closethegap.org.uk
<b>Date</b>	
27.05.21	



**Partner organisation two  
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.

<b>Name</b>	<b>Position</b>
Marsha Scott	Chief Executive Officer
<b>Address including postcode</b>	
132 Rose Street, Edinburgh, EH2 3JD	
<b>Phone number (or text phone)</b>	0131 226 6606
<b>Mobile number</b>	
<b>Email</b>	██████████@womensaid.scot
<b>Date</b>	<b>Signature</b>
27/05/21	

**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.

<b>Name</b>	<b>Position</b>
Anna Ritchie Allan	Board Member
<b>Address including postcode</b>	
██	
<b>Phone number (or text phone)</b>	0141 572 4730
<b>Mobile number</b>	██████████
<b>Email</b>	██████████@closethegap.org.uk
<b>Date</b>	<b>Signature</b>
27.05.21	