G L A E S F 2014 - 20 20 CO - FI N A N C I N G PRO G R A M M E

PARTNERSHIP DECLARATION FORM

**EARLY YEARS LEADERS**



**Partnership Declaration Form**

Each of your delivery partners should complete one of these forms per application, or provide the details on their letterhead.

Where the form is used, it should be copied onto your delivery partner’s letterhead and signed by an authorised signatory.

The signed form or letter should be scanned and submitted with the relevant Full Application form.

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| --- | --- |
| **Applicant Organisation Name** |       |
| **Project Title** |       |
| **Grant Offer Code** |       |

|  |  |
| --- | --- |
| **Delivery Partner name** |       |
| **Address** |       |
| **Telephone** |       |
| **Email** |       |
| **Contact name** |       |
| **Job title** |       |

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| **Please give a brief description of the role the Delivery Partner will have in the delivery of the project**(Note – this should correlate with the description provided in the answer submitted in 3.3. of your Full Application form, and 3.4 where you have formal or informal arrangements with Statutory Partners who will be directly involved in the delivery of your project). |
|       |
| **Projected allocation of funding to the organisation (if any)** |
| £      |

**Partner Declaration;**

The details provided in this Partner Declaration Form mirror the anticipated role that we will play in the project detailed in the attached application form.

Signed: Date:

Name:

Company:

Please scan and submit with completed application form.

