|  |
| --- |
| **Partner Declaration for Inclusion in this Skills Innovation Fund Application** |

For inclusion in this York and North Yorkshire Skills Innovation Fund application all confirmed delivery partners must provide a signed declaration for inclusion in this opportunity.

One form should be completed by each organisation included in this partnership.

|  |  |
| --- | --- |
| **Project name:**  |    |
| **Name of lead applicant organisation:**  | Better Connect Limited in partnership with North Yorkshire Council |
| **Your organisation’s name:** |  |
| **Your organisation’s company/charity registration number:** |  |
| **Your organisation’s registered address** |    |

|  |
| --- |
|  By completing and signing this form, I confirm support for this bid and that the information included in our Expression of Interest is correct.I agree to comply with all quality monitoring process and procedures by completing and submitting all paperwork and evidence pertaining to the delivery of the grant as required by the funding requirements. |
| **Name:** |  **Job role:** |
| **Date:** |  **Signed:** |