

community grants auspicing agreement



1. **Applicant** - forward this form to the auspicing organisation
2. **Auspicing organisation** - fill in and return form to the applicant
3. **Applicant** - attach this form to your community grant application under Additional Supporting Documents.

Community Grant application number _____

We, _____
(auspicing organisation's name)

Operating under ABN _____
(auspicing organisation's ABN)

Agree to auspice _____
(applicants organisation's name)

For their project/activity/event _____

We understand that we will be responsible for the following compulsory obligations:

- Receipt, bank and administer all monies related to the grant
- Monitor the project and ensure timely completion
- Complete the financial acquittal and ensure funding is acquitted on time
- Ensure that the group has public liability insurance where appropriate

Bank details

Bank account name _____

Name of bank _____

BSB _____ Account number _____

Auspicing organisation's contact details

Contact person _____

Email address _____

Adress _____

Signature of auspicing contact _____ Date _____