

COMMUNITY GRANTS PROGRAM 2019–2020

Auspicing agreement form



We:
(please fill in the auspicing organisation's name)

operating under ABN: and incorporation number:
(please fill in the auspicing organisation's ABN) (please fill in the auspicing organisation's incorporation number)

agree to auspice:
(please fill in the applicant's organisation name)

for their community grant project:

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

- receive, 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; and
- provide the group with public liability insurance.

Bank details:

Account name:

Name of bank:

BSB (branch) number: Account number:

Name of auspicing contact:

Email of auspicing contact:

(signature of auspicing contact)

Date: / /

Address of auspice: