

COVID-19 COMMUNITY ACTION GRANTS 2020

Auspecting agreement form

We:

(please fill in the auspecting organisation's name)

operating under ABN: and incorporation number:

(please fill in the auspecting organisation's ABN)

(please fill in the auspecting 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 auspecting contact:

Email of auspecting contact:

(signature of auspecting contact)

Date:

Address of auspice: