

Auspicing Agreement



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- Applicant, please forward this form to the auspicing body
- Auspicing body – please fill in and return this form to the applicant
- Applicant, please scan this completed form and upload in SmartyGrants with your submission

Auspicing Agreement

Application Number: _____

(Applicant to provide application number)

We, _____

(Auspicing organisation's name)

Operating under incorporation number _____

(Auspicing organisation's incorporation number)

Agree to auspice _____

(Applicant's organisation's name)

For their project/program/ activity/event _____

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

- Invoice Council, receipt, bank and administer all monies related to the grant;
- Monitor the project and ensure timely completion;
- Acquit their funding by 30 June of that same financial
- Ensure that the group has public liability insurance where appropriate.

Optional Assistance

- We will also provide the following support to the applicant _____

- Provide mentoring for the auspicing group Yes | No
- Other _____

Bank Details

Bank account Name _____
BSB (Branch) No. _____
Account No. _____

Declaration

Name of auspicing contact _____
(Please print)

Email of auspicing contact: _____

Phone number of auspicing contact: _____

Address of auspicing contact: _____

Signature of auspicing contact: _____

Date of declaration: _____

Applicant's name: _____
(Please print)

Signature of applicant: _____

Date of declaration: _____