

- Applicant – Please forward this form to the auspicing body.**
- Auspicing body – Please fill in and return this form to the applicant.
- Applicant – Please scan and attach this form to your application with application number in file name**

Auspicing Agreement

We, _____
 (Please fill in the auspicing organisation's name)

operating under ABN _____
 (Please fill in the auspicing organisation's ABN)

agree to auspice _____
 (Please fill in the applicant organisation's name)

for their 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 / provide the group with has public liability insurance

Optional assistance:

We will also provide the following support to the applicant

- Provide mentoring for the auspicing group
- other _____

Bank Details

Bank Account Name:	
Name of Bank:	
BSB (Branch) No:	Account No:
Name of auspicing contact(please print)	Email of auspicing contact
Signature of auspicing contact	Date
Address of auspice body	

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