

# Community Grants Program Auspicing Agreement



We, \_\_\_\_\_  
(Auspicing organisation's name)

of \_\_\_\_\_  
(Auspicing organisation's street address)

Operating under ABN # \_\_\_\_\_  
(Auspicing organisation's ABN)

Agree to auspice \_\_\_\_\_  
(Applicant 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.

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## **Bank Details** *(if successful, grant funding will be paid to this account)*

Name of bank: \_\_\_\_\_

Bank account name: \_\_\_\_\_

BSB No. \_\_\_\_\_ Account No. \_\_\_\_\_

Name of auspicing contact: \_\_\_\_\_

Email of auspicing contact: \_\_\_\_\_

Signature of auspicing contact: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Optional Assistance**

Provide mentoring for the applicant: Yes / No

Other \_\_\_\_\_

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