Agreement to Auspice

We:

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*(please fill in the auspicing organisation’s name)*

**operating under the following ABN:**

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|  |

**agree to act as the auspice for:**

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*(please fill in the applicant organisation’s name)*

**for their project:**

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*(please describe the project)*

**We understand that we,** as the auspice, are legally accountable for the funds and must make sure that they are spent as outlined in the agreement with Council for the following project:

We understand we will:

* **be required to enter into an grant agreement with Council** for this project
* **receive, bank and administer all funds 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.**

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| Authorised Representative of the Auspicor *(the organisation auspicing the grant on behalf of the organisation delivering the project.)* |
| Name |  |
| Position |  |
| Email |  |
| Phone number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |