

## **Auspice Authorisation Form**



FORM 5

## **Financial Assistance Program**

This form is only required if a funding applicant is not an incorporated group and requires a sponsoring organisation to auspice their project/activity.

Name of Grant Applicant requiring auspicing.							
Name of Project or Activity							
			1				
	Auspice Organisati	on					
Question 1 Incorporated Details	Contact Name						
	Position in Organis	ation					
	Telephone		Fax				
	Email						
Question 2 Organisation Status	Incorporation Numb	per					
	Does your organisa an ABN?		□Yes	□No	ABN No:		
	Is your organisation for GST?	registered	□Yes	□No			
Question 3 Organisation Financial Audit	Is your organisation to undertake an an	nual	□Yes	Please attach a full copy of the latest audited statement			
	financial audit as per of incorporation?	er the rules	□No	Please attach a copy of your organisations latest treasurer's report covering the previous 12 months			
Question 4	☐ Yes Please attach a copy of the current policy						
As the sponsor of this project/activity, will you be covering the public							
liability?							
APPLICATION AGREEMENT  By completing this form, you are confirming that you are sponsoring the application of \$ for (project/activity).							
I hereby certify that I have been authorised to prepare and submit this form on behalf of the abovementioned group/organisation and that the information contained herein is a true and correct record to the best of my knowledge.  I acknowledge that our organsisation will be liable for returning the funds should the proposed auspiced project/activity not proceed or not be undertaken in accordance with the agreed application outcomes or funding agreement terms.							
Name (printed)							
Role in Organisation							
Signature						Date	