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**AUSPICE AUTHORISATION FORM**

**FORM 5**

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

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| **Name of Grant Applicant requiring auspicing.** |  |
| **Name of Project or Activity** |  |

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| **Question 1**  **Incorporated Details** | Auspice Organisation | |  | | | | | | |
| Contact Name | |  | | | | | | |
| Position in Organisation | |  | | | | | | |
| Telephone | |  | | | | Fax | |  |
| Email | |  | | | | | | |
|  |  | |  | |  | |  | |  |
| **Question 2**  **Organisation Status** | Incorporation Number | | |  | | | | | |
| Does your organisation have an ABN? | | | Yes | No | ABN No: | |  | |
| Is your organisation registered for GST? | | | Yes | No | | | | |
|  | | | | | | | | | |
| **Question 3**  **Organisation Financial Audit** | Is your organisation required to undertake an annual financial audit as per the rules of incorporation? | | Yes | | Please attach a full copy of the latest audited statement | | | | |
| No | | Please attach a copy of your organisations latest treasurer’s report covering the previous 12 months | | | | |
|  | | | | | | | | | |
| **Question 4**  **As the sponsor of this project/activity, will you be covering the public liability?** |  | Yes Please attach a copy of the current policy | | | | | | | |
|  | No Do you know how will the project/activity be covered? | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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 |  | | | | | | | | | | |