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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?       |
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| **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 |       |

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