

Auspice Organisation Form

* indicates a required field

Auspice Organisation

If your organisation agrees to auspice (support) a grant for an unincorporated group, this will make you responsible for any funding received on behalf of that group.

Your responsibilities include:

- Reading, understanding and counter signing the application before it is submitted
- Receiving and banking the funds if the application is successful
- Liaising with the applicant about the funding for the project and paying all accounts as agreed with the applicant
- Ensuring accurate and appropriate financial documentation is recorded
- Providing a financial reconciliation to the applicant at the conclusion of the activity and countersigning the Acquittal Form at the conclusion of the project

Auspice Organisation Details

Auspice organisation name *

Organisation Name

Please use the organisation's full legal name.

President/Chairperson Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address *

Address

<input type="text"/>
<input type="text"/>

Email *

must be the organisation email address

Incorporation Number *

ABN *

Auspice Organisation Form



The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Are you registered for GST? *

☐ Yes ☐ No

Organisation Contact Person Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about the grant.

Position in organisation *

Phone Number *

Email *

Applicant

Please list the club/organisation name you are acting as Auspice for: *

Auspice Declaration

We declare that the information presented on this form is correct and agree to abide by the responsibilities as listed above.

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Organisation Representative 1 - Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Signature