

Partnership Program

Auspicing Agreement

BASS COAST

1. Applicant - forward this form to the auspicing organisation
2. Auspicing organisation - fill in and return form to the applicant
3. Applicant - attach this form to your Partnership Program application under Additional Supporting Documents.

Partnership Program Name: _____

We, _____
(auspicing organisation's name)

Operating under ABN_____
(auspicing organisation's ABN)

Agree to auspice_____
(applicant organisation's name)

For their project/activity/event _____

We understand that we will be responsible for the following compulsory obligations:
- Receipt, bank and administer all monies related to the partnership
- Monitor the project and ensure timely completion
- Complete the financial acquittal and ensure funding is acquitted on time
- Ensure that the group has public liability insurance where appropriate

Auspicing organisation's bank details

Bank account name_____

Name of bank_____

BSB_____ Account number_____

Auspicing organisation's contact details

Contact person_____

Email address_____

Address_____

Signature of auspicing contact_____

Date_____