

RADF Auspice Agreement

- ☐ Applicant – Please forward this form to the auspicing body
- ☐ Auspicing body – please fill in and return this form to the applicant
- ☐ Applicant – Please upload this form to your application where required.

Auspice Organisation Details and Declaration

We, _____

Of (Address): _____

Operating under ABN: _____

Agree to auspice for (Applicant Name): _____

For their project (Project title and application number if known): _____

We understand that we will be responsible for the following **compulsory** obligations:

- Receipt, bank and administer all monies
- Monitor the project and ensure timely completion
- Complete the financial acquittal and ensure funding is acquitted on time.

Optional Assistance:

We will also provide the following support to the applicant (please tick relevant items)

- ☐ Provide insurance for the project
- ☐ Provide mentoring for the auspiced group

We will ☐ / will not ☐ charge the group an auspicing fee. This fee will be ____% of the amount granted.

Bank Details

Name of Bank: _____

Bank Account Name: _____

BSB: _____ Account No. _____

Signature of auspicing Organisation: _____

Date: _____

Name of Auspicing Contact (Please print): _____

Position in Organisation: _____

Email address of Auspicing contact: _____

Contact Number: _____