



Australian Government

Department of Agriculture, Water and the Environment

[Program Schedule Primary Contact Title] [Program Schedule Primary Contact First Name] [Program Schedule Primary Contact Last Name]

[Program Schedule Organisation Legal Name]

[Program Schedule Organisation Postal Address]

[Program Schedule Organisation email Address]

Dear [Program Schedule Primary Contact Title] [Program Schedule Primary Contact Last Name]

Letter of Agreement

I am pleased to offer the following Grant to your organisation to undertake the following Activity under the following Program.

Note: the amounts in this table may have been rounded. For exact Milestone amount/s, see **Grant Payment**.

Program	Activity Name	Grant Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
	Supporting Agricultural Shows Grant Program – [Activity ID]			
	Total			

To accept this offer and enter into an agreement with the Commonwealth, represented by the Department of Agriculture, Water and the Environment, ABN 34 190 894 983 in relation to the Grant, please sign the attached Grant Agreement and return the signed copy within twenty (20) business days from 18 September 2020 to the address below, otherwise this offer will lapse.

[Program Schedule Managing Office High Value]

Provided the signed copy of the Grant Agreement is received by the Commonwealth within the timeframe specified, this letter and the Grant Agreement will form a legally enforceable agreement in relation to the Grant.

If you have any questions about this offer, please contact [Program Schedule Managing Office LOV Low Value].

Yours sincerely

[Program Schedule Internal Signatory]

18 September 2020

Parties to this Agreement

The Grantee

Full legal name of Grantee	
Legal entity type (e.g. individual, incorporated association, company, partnership etc.)	
Trading or business name	
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	
Registered for Goods and Services Tax (GST)	
Date from which GST registration was effective	
Registered office (physical/postal)	
Relevant business place (if different)	
Telephone	
Fax	
Email	

The Commonwealth

The Commonwealth of Australia represented by Department of Agriculture, Water and the Environment

[Program Agency Organisation Physical Address]

ABN 34 190 894 983

Grant Details

Organisation ID:	
Agreement ID:	
Program Schedule ID:	

Grant Activity

Activity Information

Activity Name	Supporting Agricultural Shows Grant Program – [Activity ID]
Activity Start Date	
Activity End Date	
Activity Details (what you must do)	<p>The purpose of the Supporting Agricultural Shows and Field Days Program is to help agricultural show societies and organisers of agricultural field days deal with cash flow pressures caused by the COVID-19 related cancellations.</p> <p>The objective of the program is to provide operational support for agricultural show societies and organisers of agricultural field days that cancel their scheduled show or agricultural field days in 2020 because of COVID-19.</p> <p>The intended outcome of the program is to ensure the sustainability of agricultural show societies, the agricultural shows they conduct and the organisers of agricultural field days and the agricultural field days they conduct.</p>

Deliverables

Description of Deliverable	Due Date
Not Applicable	Not Applicable

Other Conditions

As a result of receiving this Grant, and in line with the Grant Opportunity Guidelines, the Grantee is no longer able to run an agricultural field day or show in Calendar Year 2020. Failure to comply with this condition will result in the Government seeking to reclaim the entire amount of grant funding allocated to the Grantee as part of this Agreement.

If requested by the Commonwealth, the Grantee agrees to provide the Commonwealth, or any persons authorised in writing by the Commonwealth, with access to the Grantee's premises, personnel, documents and other records, and all assistance reasonably requested, to enable the Commonwealth or those persons to verify that the Grant was spent in accordance with this Agreement. The Commonwealth will reimburse the Grantee's substantiated reasonable costs for complying with such a request.

Grant Payment

The total amount of the Grant is \$[Overall Activity Value for all financial years] excluding GST (if applicable).

Grant Information

Milestone	Anticipated Date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
Payment of 2020-21 funds				
Total Amount				

The Grant will be paid by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the *Banking Act 1959* (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

Your bank account details	BSB Number	
	Financial Institution	
	Account Number	
	Account Name	

SAMPLE

Organisation ID:	
Agreement ID:	
Program Schedule ID:	

Signatures

*Note: See explanatory notes on the signature block over page

Executed as an Agreement

Signed for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through Department of Agriculture, Water and the Environment, ABN 34 190 894 983 in the presence of:

(Name of Departmental Representative)	(Signature of Departmental Representative)
	.../.../.....

(Position of Departmental Representative)	
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(Name of Witness in full)	(Signature of Witness)
	.../.../.....

Signed for and on behalf of [Program Schedule Organisation Legal Name], ABN [Program Schedule Organisation ABN – hide if NULL] in accordance with its rules, and who warrants they are authorised to sign this Agreement:

(Name of Signatory)	(Signature)
	.../.../.....

(Position of Signatory)	
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(Name of second Signatory/Witness)	(Signature of second Signatory/Witness)
	.../.../.....

(Position of second Signatory/Witness)	
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Explanatory notes on the signature block

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
- If you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness (the witness date must be the same as the signatory date). Affix your **Company Seal**, if required by your Constitution.
- If you are a **partnership**, the signatory must be a partner with the authority to sign on behalf of all partners receiving the grant. A witness to the signature is required (the witness date must be the same as the signatory date).
- If you are an **individual**, you must sign in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).
- If you are a **trustee of a Trust**, the signatory must be a trustee (NOT the Trust) – as the trustee is the legal entity entering into the Agreement. The words ‘as trustee of the XXX Trust’ could be included at the end of the name.