*Saluting Their Service* Commemorations Program

Community Commemorative Grants

Sponsored Individual/Organisation – Letter of Declaration

**Sponsored individual/organisation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor Organisation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[sponsored individual/organisation] agrees to [sponsor organisation] applying for a grant under the *Saluting Their Service* Community Commemorative Grants Program on their behalf as a sponsor.

[sponsored individual/organisation] will provide the services specified in the grant agreement and will provide appropriate data and assistance to the [sponsor organisation] to enable them to comply with their responsibilities.

[sponsor organisation] has confirmed they will be responsible for:

* bearing executive management responsibility and being accountable to Department of Veterans’ Affairs for the appropriate use of grant funds by the sponsored organisation in accordance with the terms of the grant;
* the receipt and distribution of grant funds; and
* for the collection, collation and provision of all audit, reporting and acquittal documentation for the grant.

Full Name of Authorised Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*sponsor organisation*)

Position of Authorised Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsored Individual/organisation sign: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_