

Auspice Authorisation Form

This form must be completed and attached for all applicants submitted under an auspice arrangement for Transition Assistance Funding.

The form will be used by the Transition Assistance Funding Team to check that the auspiced party has the authority of the auspicating body to submit an application.

Please send your completed form to support@communitygrants.gov.au.

If you would like assistance, please call the Community Grants Hub Hotline on 1800 020 283 or email support@communitygrants.gov.au.

1. NAME AND DETAILS OF AUSPICING BODY (the incorporated entity)

Organisation Name			
Contact Address			
Contact Person		Position	

2. NAME AND DETAILS OF AUSPICED PARTY (the unincorporated group)

Organisation Name			
Contact Address			

Declaration

By signing and submitting this form you acknowledge and declare that:

- The organisation listed as the auspicating body in this form is authorised to submit an application to the *Transition Assistance Funding Initiative which opened on 23 March 2019* on behalf of the organisation listed in this form as the auspiced party;
- If the auspicating body is successful in its application, the auspicating body will receive funding and enter into a funding agreement on behalf of auspiced party; and
- You are authorised to submit the application on behalf of the auspiced party.

Signed by a duly appointed representative of the auspiced party

Name		Position in Organisation	
Signature		Date	