Building Excellence in Support and Training Program

Sponsored Organisation – Letter of Declaration

**Sponsored organisation name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring applicant name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[sponsored organisation] agrees to [sponsoring applicant] applying for a grant under the Building Excellence in Support and Training Grant Program on their behalf as a sponsor.

[sponsored organisation] will provide the services specified in the grant agreement and will provide appropriate data and assistance to the [sponsoring applicant] to ensure compliance with their responsibilities.

[sponsoring applicant] must pass on the full value of the grant to [sponsored organisation].

[sponsoring applicant] confirms that they will be responsible for:

* bearing executive management responsibility and being accountable to the 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
* the collection, collation and provision of all audit, reporting and acquittal documentation for the grant.

**Please Note:** representatives from BOTH the sponsoring applicant AND sponsored ex-service organisation MUST sign this declaration.

Full name of authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
***(sponsoring applicant)***

Position of authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*sponsored organisation*)**

Position of authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_