Continuity of Support for the National Auslan Interpreter Booking and Payment Service

Auspicing– Letter of Declaration

**Auspiced Group/Organisation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auspicing Organisation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Auspiced groupl/organisation] agrees to [Auspicing organisation] applying for a grant under the Continuity of Support for the National Auslan Interpreter Booking and Payment Service on their behalf as a sponsor.

[Auspiced groupl/organisation] will provide the services specified in the grant agreement and will provide appropriate data and assistance to the [Auspicing organisation] to enable to comply with their responsibilities.

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

* bearing executive management responsibility and being accountable to the Continuity of Support for the National Auslan Interpreter Booking and Payment Service 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.

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

(**Auspicing Organisation**)

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

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

Individual/Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(**Auspiced Group/Organisation**)

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

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

Individual/Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_