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Building Excellence in Support and Training Program 2021-22 Sponsored Organisation – Letter of Declaration

This Letter of Declaration must be completed when applying for a Building Excellence in Support and Training (BEST) Program 2021-22 grant under a sponsorship arrangement.

Sponsored organisation legal name: _____

Sponsoring applicant legal 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 organisation MUST sign this declaration.



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Sponsored organisation details:

Signature:

****Electronic signature:** Double click after "Signature" to open Bitmap Image, hold down left mouse button to sign, close bitmap image by clicking on top right corner, which will finalise your electronic signature.

Full name of authorised officer:

Position of authorised officer:

Date:

Organisation name:

Sponsoring applicant details:

Signature:

****Electronic signature:** Double click after "Signature" to open Bitmap Image, hold down left mouse button to sign, close bitmap image by clicking on top right corner, which will finalise your electronic signature.

Full name of authorised officer:

Position of authorised officer:

Date:

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