Somerset REGIONAL COUNCIL
ABN 50 138 958 249
PO Box 117, ESK QLD 4312

Community Assistance Grant Auspicing Agreement

We, ____
(Auspicing organisation's name)

of ____
(Auspicing organisation's street address)

Operating under ABN: ____________________ and incorporation number: ____________________
(Auspicing organisation's ABN and incorporation number)

Agree to auspice ____
(Applicant organisation's name)

For their project/activity/event: ____

I declare that, should funding be approved, I will take full responsibility for the financial management of the grant and will ensure that the project is delivered in accordance with the terms outlined in the funding agreement and that the conditions are met.

Name of auspicing contact: ____

Email of auspicing contact: ____

Signature of auspicing contact: ____

Date: ________________________

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