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| --- |
| Auspice Agreement Letter for [Insert APPLICANT organisation name] |
| Date: |

*Include Letterhead if available*

To the DEECA Coastcare Victoria Community Grants Program Manager,

***[Insert AUSPICE organisation name]*** is aware that ***[Insert APPLICANT organisation name]*** is applying for a Coastcare Victoria Community Grant.

We understand that the applicant organisation is not a legal entity and requires a legal entity to act as an auspice. We confirm that if ***[Insert APPLICANT organisation name]*** is successful in their grant application, we will act as their auspice and have our details recorded against their grant application.

|  |  |
| --- | --- |
| **Auspice organisation name** | ***[Insert AUSPICE organisation name]*** |
| **Auspice incorporation number** | ***[Insert AUSPICE organisation incorporation number]*** |
| **Auspice ABN** | ***[Insert AUSPICE ABN]*** |
| **Auspice phone number** | ***[Insert AUSPICE organisation phone number]*** |
| **Auspice email** | ***[Insert AUSPICE email]*** |
| **Auspice address** | ***[Insert AUSPICE organisation address]*** |

If ***[Insert APPLICANT organisation name]*** is successful, we understand that we will enter into the Common Funding Agreement with the Department of Energy, Environment and Climate Action (DEECA), and will receive and administer grant funds on behalf of ***[Insert APPLICANT organisation name]***.

***[Insert APPLICANT organisation name]*** have agreed that they will comply with the Terms and Conditions under the Common Funding Agreement, including by completing all identified activities, deliverables and reports that we will be accountable for on their behalf. If the Terms and Conditions of the Common Funding Agreement are breached, we understand that DEECA may request the return of funding.

This auspice agreement is signed by the authorised representative from each organisation:

|  |  |
| --- | --- |
| ***[Insert AUSPICE organisation name]*** | ***[Insert APPLICANT organisation name]*** |
| **Name:**  ………………………………………………… | **Name:**  …………………………………………………… |
| **Position:**  ………………………………………………… | **Position:**  …………………………………………………… |
| **Signature:**  ................................................................... | **Signature:**  ...................................................................…… |
| **Date:** / / | **Date:** / / |