

Auspice Agreement Letter for *[Insert APPLICANT organisation name]*

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To Moorabool Wind Farm Community Fund,

[Insert AUSPICE organisation name] is aware that *[Insert APPLICANT organisation name]* is applying for an Community Fund Grant under the Moorabool Wind Farm Community Grants Program 2020.

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	<i>[Insert AUSPICE organisation name]</i>
Auspice ABN	<i>[Insert AUSPICE organisation ABN]</i>
Auspice incorporation number	<i>[Insert AUSPICE organisation incorporation number]</i>
Auspice phone number	<i>[Insert AUSPICE organisation phone number]</i>
Auspice address	<i>[Insert AUSPICE organisation address]</i>

If *[Insert APPLICANT organisation name]* is successful, we understand that we will enter into the Moorabool Wind Farm Community Fund Participation Agreement, and will receive and administer grant funds on behalf of *[Insert APPLICANT organisation name]*. We have discussed the nature of the proposed grant activities, and also our role in how funds would be administered by us.

[Insert APPLICANT organisation name] have agreed that they will comply with the Terms and Conditions under the Moorabool Wind Farm Community Fund Participation 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 Moorabool Wind Farm Community Fund Participation Agreement are breached, we understand that Moorabool Wind Farm Community Fund may request the return of funding.

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

<i>[Insert AUSPICE organisation name]</i>	<i>[Insert APPLICANT organisation name]</i>
Name:	Name:
Position:	Position:
Signature:	Signature:
Date: / /	Date: / /