

## UMIF– REQUEST FOR AUSPICE

email completed forms & all attachments to [sara@corryongnc.org](mailto:sara@corryongnc.org) or deliver to CNC, 39 Hanson St

ORGANISATION/GROUP	
CONTACT PERSON	
CONTACT EMAIL	
CONTACT PHONE	
<b>PROJECT NAME:</b>	
Please include details of the project, all sources of funds sought, guidelines for proposed grant applications and any other information relevant to providing a full explanation of the project	
<b>DOCUMENTS PROVIDED:</b>	
<p>In requesting this auspice, we agree to:</p> <ul style="list-style-type: none"> <li>abide by the conditions of the grant agreement/s, including the use of funds, timelines &amp; reporting requirements</li> <li>advise the auspicating body of any changes or variations to the agreement BEFORE those changes are implemented</li> <li>provide the auspicating body with copies of all documentation received or sent in relation to the grant and understand that any breach of these conditions will result in the auspice being withdrawn and any funds held by the auspicating body being returned to the funders with notification of the withdrawal.</li> </ul>	
We understand that all funds received for the project under this auspice will be paid directly to the auspicating body. Distribution of these funds to the project will be made to our bank account below in accordance with the funding agreement conditions.	
<b>OUR BANK ACCOUNT DETAILS:</b>	
ACCOUNT NAME	
BSB	
ACCOUNT NUMBER	
<b>SIGNED ON BEHALF OF</b>	
SIGNATURE	
NAME	
POSITION	
DATE	
<b>CNC/UMIF USE ONLY</b>	
DATE RECEIVED	
DOES THE PROJECT FIT IN WITH THE UMIF PURPOSE & MISSION?	YES / NO
<b>APPROVED BY UMIF COMMITTEE ON</b>	
TO BE AUSPICED BY:	UMIF
SIGNED ON BEHALF OF	UMIF
SIGNATURE	
NAME	
POSITION	
DATE	

