**QUEENSLAND MENTAL HEALTH COMMISSION**

**GRANT FUNDING PROGRAM**

**TRAINING AND GRANT APPLICANT FORM**

**Capacity Building for Community Wellbeing Initiative:  
‘Wheel-of-Wellbeing’ Workshop 18 November, Brisbane**

**FUNDING**

**Variable based on approved reimbursement for training attendance**

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| **ORGANISATION NAME (the Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PERSON TO ATTEND TRAINING (the Person):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **THE PERSON’S POSITION IN THE ORGANISATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
|  | **OPENING DATE** | **CLOSING DATE** | **DECISION ADVISED** | |
|  | **17 October 2014** | **6 November 2014** | | **13 November 2014** | |
| **Grant objective**  To increase social inclusion, and community connectedness by raising awareness and building capacity.  Increase the knowledge and skills in mental health and wellbeing enhancement of key community members who have formal/ongoing roles within community. | | | | | |
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| **Helpful information**  Please read the [Community Wellbeing Mental Health and Grants Program Application Guidelines](http://www.qmhc.qld.gov.au/wp-content/uploads/2014/10/2014-2376-Grants-Funding-Guidelines.docx) as they will help you to complete this form. You can find them on the Commission’s website at: [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au) . Note that you can also apply online from this site. |

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| **Section 1: Applicant Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.1 ORGANISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is your organisation’s legal status?  (eg company limited by guarantee, incorporated association etc) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **1.2 CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CEO/Manager** | | | | Title: | Mr | | | | | | Ms | | | | | | | | Other (please specify): | | | | | | | | | | |  | | | | | | |
|  | | | | Given names: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Family name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: Work | | | (     ) | | | | | Home: | | | | | | (     ) | | | | | | | | | | Fax: | | | | (     ) | | | | | | | | |
| Mobile: |  | | | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Chairperson** | | | | Title: | Mr | | | | | | Ms | | | | | | | | Other (please specify): | | | | | | | | | | |  | | | | | | |
|  | | | | Given names: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Family name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: Work | | | (     ) | | | | | Home: | | | | | | (     ) | | | | | | | | | | Fax: | | | | (     ) | | | | | | | | |
| Mobile: |  | | | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3 ORGANISATION’S ADDRESS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb/town: | | |  | | | | | | | | | | | | | | | | | State: | | | |  | | | | Postcode: | | | | | |  | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (If the same as your street address, write ‘as above’.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb/Town: | |  | | | | | | | | | | | | | | | | | | State: | | | |  | | | | Postcode: | | | | | |  | | |
| Website address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 ABN DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is your organisation’s trading name or professional name (if relevant)? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Is your organisation registered for GST? | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Applicant’s ABN: | | | | | | |  | |  | | | |  | |  |  | |  | | |  | |  | |  |  |  | |  | |  | | | |  |  |
| In what legal name is the ABN registered? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 2: Applicant Details** |

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| **2.1 ORGANISATIONAL OVERVIEW** |

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| This section will need to be provided as an attachment. Please do not exceed three pages.  Please outline your organisation’s overall aims, strategies and expected outcomes.  Provide information about your organisation’s structure including the roles and responsibilities of each relevant position. | | |
|  | **** | **Go to 2.2** |

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| **2**.**2 MINIMUM ELIGIBILITY CRITERIA** |

Please tick the boxes to indicate whether:

Your organisation does not accept any form of funding from tobacco, alcohol or drug companies or their related foundations either directly or indirectly.

Your organisation has public liability insurance for the duration of an event (if applicable).

Your organisation is not involved in activities, which are likely to adversely affect the content or interpretation of programs or services in the health sector and specifically for those areas of the Commission responsibility and/or influence.

The application is not for capital works, major equipment, fundraising or purchase of infrastructure or costs associated with running an organisation.

The application does not involve the advancement or promotion of a religion or religious outlook for the recruitment of people to a religion.

The application does not involve advancement or promotion of a political organisation, or a political view of the legislative role of the government.

The proposal does not duplicate or compete with known existing government and/or non-government support or partnership projects.

The grant funding provided will not go to a third party through a grant or support or partnership that is not included in the agreement with the Commission.

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| **2.3 PROPOSAL SUITABILITY ASSESSMENT INFORMATION** |

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| Description of the person’s role and how the training will help them to undertake their role | |  | | | |
| Outline the organisational support that will be provided to the person to use the skills and knowledge gained through the training | |  | | | |
| The person and the applicant’s willingness to engage in future training including any planned training | |  | | | |
| The Local Government Area where the person’s employment or volunteer work is based | |  | | | |
| Estimated total reimbursement cost for travel and accommodation | | $ | | | |
| Advise whether the training will assist in the delivery of any other Grants Program initiative and if so describe how the training will assist | |  | | | |
|  | | **** | **Go to 2.4** |

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| **2.4 BUDGET ESTIMATE – For Applicants seeking travel costs** |

Please complete the budget using the template below to account for all costs of your project.

* Ensure that your travel and accommodation cost estimates are as accurate as possible.
* Use whole dollar amounts.
* Proposed expenditure is to be GST inclusive.

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| **Breakdown against expenses** | | |
| Activity | Description |  |
| Air Fare Costs | (eg return economy flight from Cairns to Brisbane) |  |
| Fuel Costs | (include no. of kms) |  |
| Taxi and other associated costs | (eg taxi from Mount Isa CBD to Mount Isa airport) |  |
| Accommodation Costs |  |  |
| Other |  |  |
|  | | $ |

**Note**: Reimbursed costs will not include meals and incidentals. Travel costs will be based on the Public Service Commission’s Directive Domestic Travelling and Relieving Expenses (up to $200 per night for accommodation in Brisbane, economy class intrastate travel and fuel allowances).

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|  | **** | **Go to 3** |

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| **Section 3:** Statistical information about applicant and Application |

Information in this section is not used to assess your application. Information you provide will be aggregated and used to review access to Commission’s funding programs.

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| Does your group/organisation identify with or deliver services for any of the groups below? (Tick only those that apply)   |  |  |  |  | | --- | --- | --- | --- | |  | Aboriginal peoples and Torres Strait Islanders |  | Older people | |  | Women |  | People living with a mental health difficulty and substance use problems | |  | Men |  | People with physical and/or intellectual disability | |  | People from Culturally and Linguistically Diverse backgrounds |  | Regional, rural and remote communities | |  | Children (0–11 years of age) |  | Australian South Sea Islander peoples | |  | Young people (12–25 years of age) |  | Lesbian, Gay, Bisexual, Transgender or Intersex |  * ***Please note: As indicated in the Grant Application Guidelines, application assessment may be moderated*** with consideration of: available funding; balance across geographic spread, target groups and priorities under the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*. | | |
|  | **** | **Go to 4** |

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| **Section 4: Supporting Material** | | | |
| **Please note:**   * Letters of support must include an original signature or contact details of the author. * All support material must be labelled with your Organisation’s name, address and clear details of artists and tracks or works. * For audit purposes, the Commission is required to retain one copy of the support material supplied by applicants. | | | |
| **The following support material is critical to the success of your application.** | | |
|  | One electronic copy of application and all the required support materials | | |
|  | A brief CV of the proposed attendee | | |
|  | Any letters of support from organisations in your area of practice that provide relevant comment in support of your application | | |

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| **Section 5: Certification** | | | | | | |
| **5.1 All applicants** | | | | | | |
| **I, the undersigned, certify that:** | | | | | | |
| * I have read and my organisation will abide by the Queensland Mental Health Commission Program Application Guidelines. | | | | | | |
| * The statements in this application are true and correct to the best of my knowledge, information and belief. The supporting material is my own work or the work of the artists named in this application. | | | | | | |
| * I consent to information about the funded program and the amount of funding received being published on the Commission’s website and/or the Queensland Government Open Data Portal. | | | | | | |
|  | | | | | | |
| **Signature:** | **** |  | | **Date:** | DD/**MM**/YYYY | |
|  | | | | | | |
|  | | | | | | |
| **Name in full:** | |  | | | | |
| **Position in group or organisation :** | | |  | | | |

*(The person signing warrants they have authority to sign on behalf of the organisation)*

**APPLICATION PREPARATION**

**BEFORE YOU SEND IN YOUR APPLICATION MAKE SURE**:

You have answered all the questions on the application form.

You have completed all the information and provided any additional required documents.

The authorised signatory of your organisation has signed the application form.

You have **kept a copy** of your application for your own records.

**APPLICATION CHECKLIST**

**YOUR APPLICATION SHOULD INCLUDE:**

Completed signed application form

Organisational Overview

Program details if applicable

Budget Estimate

Relevant support material if applicable

**APPLICATION SUBMISSION**

*To apply online*: Online applications will be available on Queensland Mental Health Commission website ([*www.qmhc.qld.gov.au*](http://www.qmhc.qld.gov.au)) from 17 October 2014, or

Provide a USB device (memory stick):

* by mail to

Queensland Mental Health Commission

PO Box 13027

Brisbane QLD 4003

* containing:
* a completed Grant Program Fund application form
* scanned signed copy of Section 5 – Certification
* relevant documents including all attachments and support material (as listed in Section 4 of application form).
* Noting that your envelope must be postmarked no later than 6 November 2014 and that your USB will not be returned.

Email applications: To [accounts@qmhc.qld.gov.au](mailto:accounts@qmhc.qld.gov.au) noting that:

* a size restriction of less than 10MB and that all the information detailed on the USB option outlined above is to be included.
* using this option would require formal receipt confirmation.

**Contact us**

Further information about the program, including copies of the guidelines and application forms, can be obtained by:

* Downloading from [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)
* Emailing [accounts@qmhc.qld.gov.au](mailto:accounts@qmhc.qld.gov.au)