**Sponsorship Application Form**

**Sponsorship up to $10,000**



|  |  |
| --- | --- |
| Sponsorship guidelines | The Commission is committed to supporting events, conferences and other activities that:* support outcomes and Shared Commitments to Action under the [*Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*](http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/)
* encourage and contribute to knowledge sharing and exchange about what works to improve the mental health and wellbeing of Queenslanders.

Sponsorship applications will be considered against assessment criteria and eligibility requirements quarterly, closing on **28 February**, **31** **May**, **31** **August** and **30** **November**. |
| Assessment criteria | Requests for sponsorship and the type of sponsorship approved will be assessed having regard to how it:* contributes to the Commission’s objectives
* supports outcomes and Shared Commitments outlined in the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019
* promotes the Commission’s activities and products.
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| **SECTION 1 APPLICANT DETAILS** |
| **1.1 ORGANISATION** |
| Organisation name (the Applicant) |       |
| What is your organisation’s legal status?(e.g. company limited by guarantee, incorporated association etc.) |       |
|  | * **GO TO 1.2**
 |
| **1.2 CONTACT DETAILS** |
| **CEO/Manager** | Title | Mr [ ]  | Ms [ ]  | Other (please specify) |       |
|  | Given names |       |
|  | Family name |       |
|  | Telephone | Work | (     )       | Home | (     )       | Fax | (     )       |
|  |  Mobile |       | Email |       |
|  |
| **Activity/projectcontact person** | Title | Mr [ ]  | Ms [ ]  | Other (please specify) |       |
|  | Given names |       |
|  | Family name |       |
|  | Telephone | Work | (     )       | Home | (     )       | Fax | (     )       |
|  |  Mobile |       | Email |       |
|  | * **GO TO 1.3**
 |
| **1.3 ORGANISATION’S ADDRESS DETAILS** |
| **Street address** |       |
| Suburb/town |       | State |       | Postcode |       |
|  | If your postal address is the same as your street address, write ‘as above’ |
| **Postal address** |        |
| Suburb/Town: |       | State |       | Postcode |       |
| Website address:  |       |
|  | * **GO TO 1.4**
 |
| **1.4 ABN DETAILS** |
| What is the applicant’s trading name or professional name (if relevant)? |       |
| Are you registered for GST? | [ ]  Yes [ ]  No |
| Applicant’s ABN |   |   |  |   |   |   |  |   |   |   |  |   |   |   |  |
|  |  |
| In what legal name is the ABN registered? |       |
|  | * **GO TO 2**
 |
| **SECTION 2 PROPOSED INITIATIVE** |
| **2.1 INITIATIVE SUMMARY** |
| **Proposed title of the initiative** |       |
| **Description of initiative**150 words max |       |
| **Total sponsorship requested ($) excl. GST** | $       |
| **Date of the initiative** | Start date       | Finish date       |
| **Location of the initiative**Include town, city, or country if overseas |       |
| **List any partners to your initiative** |       |
|  | * **GO TO 2.2**
 |
| **2.2 ORGANISATIONAL OVERVIEW**  |
| **NOTE:** **Requests for sponsorship will only be accepted from incorporated bodies, including statutory authorities and companies. Individuals, political or religious organisations or organisations who receive any form of funding or support from tobacco or alcohol companies, either directly or indirectly are not eligible for sponsorship funding. Any event that is considered high risk or contravenes the Commission’s policies will not be eligible for sponsorship.** |
| Please tick the boxes that apply[ ]  Your organisation **does not accept** any form of funding from **tobacco and alcohol 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 events or activitiesthat include **product endorsements**.[ ]  The application is **not for capital works**, **major equipment** or purchase of **infrastructure** or costs associated with **running an organisation**.[ ]  Your proposed event **recognises diversity** in communities, families and/or culture.[ ]  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 application **does not duplicate or compete with** existing government and/or non-government programs or projects.[ ]  The sponsorship 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.[ ]  Your organisation is a **private or commercial** organisation.[ ]  The event or activity is being **run for profit.**[ ]  The event of activity is a **fundraising or charity** event.[ ]  Your organisation **has approached** **another Queensland Government department or agency** for sponsorship. If so, which Queensland Government entity or entities have been approached for sponsorship? |
|  |       |  |
|  | * **GO TO 2.3**
 |
| **2.3 INITIATIVE PROPOSAL** |
| Please provide a concise outline of your activity or project by completing the sections below in such a way that addresses the assessment criteria. Use a **maximum of three pages** to provide the details required below.  |
| 1. **Proposal details.** Outline the purpose of the sponsorship, noting the specific activities the sponsorship will be used to fund
 |
|       |
| 1. **Criteria.** Outline how the proposed sponsorship meets the eligibility and assessment criteria

Include information about how the activity/project contributes to the Commission’s objectives, supports the outcomes and Shared Commitments of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* and promotes the Commission’s activities and products |
|       |
| 1. **Target market.** Provide a clear description of the target market for the initiative, including demographic, geographic and/or psychographic information as well as information and statistics on the event or activity in previous years
 |
|       |
| 1. **Capacity.** Provide examples of previous work that supports your organisation’s ability to deliver the proposed initiative
 |
|       |
| 1. **Governance.** Provide examples of your organisation’s proven ability to manage funds and outline your governance framework
 |
|       |
| 1. **Marketing.** Provide an overview of your marketing plan (leading up to and including the event), including planned media coverage
 |
|       |
| 1. **Outcomes.**  Please outline the outcomes that will be achieved from the initiative.
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|       |
|  | * **GO TO 3**
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| **SECTION 3 SPONSORSHIP PARTICULARS** |
| **3.1 IN-KIND SUPPORT** |
| Please outline any in-kind support you would like to receive from the Commission |
|       |
| **3.2 PROPOSED SPONSORSHIP BENEFITS TO THE COMMISSION** |
|  | **Tick those that apply** | **Provide specific details** (detail can be provided in attachments) |
| [ ]  | Naming rights as principal sponsor |       |
| [ ]  | Logo |       |
| [ ]  | Signage |       |
| [ ]  | Acknowledgement |       |
| [ ]  | Merchandise distribution / satchel insert |       |
| [ ]  | Guest or keynote speaker |       |
| [ ]  | Chair/participate in panel discussion or plenary session |       |
| [ ]  | Complimentary tickets, registration or attendance |       |
| [ ]  | Trade exhibition booth |       |
| [ ]  | Mention in media release, marketing materials and social media |       |
| [ ]  | Other |       |
|  | * **GO TO 4**
 |
| **SECTION 4 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. |
| **Does your organisation provide services to any of the groups below?** Tick only those that apply |
| [ ]  | Aboriginal and Torres Strait Islander peoples | [ ]  | Older persons |
| [ ]  | Women | [ ]  | Regional, rural and remote communities |
| [ ]  | Men | [ ]  | People with physical and/or intellectual disability |
| [ ]  | People from culturally and linguistically diverse backgrounds | [ ]  | People living with mental health difficulties or problematic substance use |
| [ ]  | Children 0-11 years of age | [ ]  | Australian South Sea Islander peoples |
| [ ]  | Young people 12–25 years of age | [ ]  | Lesbian, Gay, Bisexual, Transgender or Intersex people |
| **NOTE: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 5**
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| **SECTION 5 SUPPORTING MATERIAL** |
| **NOTE:** Letters of support must include an original signature or contact details of the author and be provided in PDF format. All support material must be labelled with your Organisation’s name, address and clear details of artists and tracks or works. |
| **The following support material is critical to the success of your application:** |
| [ ]  | An electronic copy of the Application Form and support materials. Provide the application in Word format and the signature page in PDF format |
| [ ]  | Copy of the proposed agenda and/or program |
| [ ]  | Letters of support from organisations in your community that provide relevant comment supporting your application (in PDF) |
| **If applicable to your project, please provide the following support material:** |
| [ ]  | Confirmation of venues and evidence of interest from potential clients to demonstrate demand for your initiative |
| **SUBMIT YOUR APPLICATION via email to tenders@qmhc.qld.gov.au or post to PO BOX 13027, George Street Brisbane QLD 4003** |
|  | * **GO TO 6**
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| **SECTION 6 CERTIFICATION** |
| **5.1 ALL APPLICANTS** |
| **I, the undersigned, certify that** |
| * The statements in this application are true and correct to the best of my knowledge, information and belief.
* I consent that information provided in this application may be used for training, systems testing or process improvement purposes by the Commission.
* I give permission for the Commission to forward my application to the most appropriate industry experts for advice.
* If this application is approved, I consent to the media and Queensland’s State MPs being given information about the funded activity.
* 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.
 |
| Name in full |  |  |  |
| Position in organisation |  |  |  |
| Signature |  | Date |    / /      |
|  | The person signing warrants they have authority to sign on behalf of the organisation |  |  |

2015/5069

Queensland Mental Health Commission

**PO Box 13027 George Street 1300 855 945 www.qmhc.qld.gov.au**

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