



Queensland
**Mental Health
Commission**

Community alcohol and other drugs (AOD) Primary Prevention Grants 2025-2026

Guidelines

Opening date for applications	Closing date
Thursday, 28 August 2025	Wednesday, 8 October 2025

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1. Background

Under Priority One – Prevention and early intervention of *Achieving balance: The Queensland Alcohol and Other Drugs Strategic Plan 2022-2027 (Achieving balance)*, the Queensland Government has committed to 'Enhance prevention and early intervention to reduce harm and improve outcomes'.

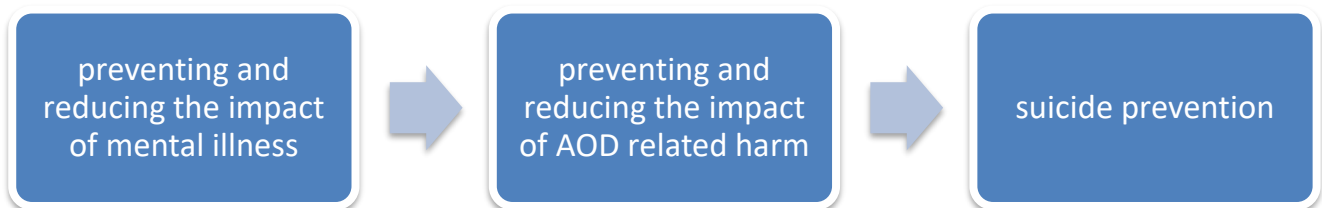
To progress this action, the Queensland Mental Health Commission (the Commission) is offering up to \$1,200,000 in funding under the Community alcohol and other drugs (AOD) Primary Prevention grant program.

The aim of this funding opportunity is to support community-based or community-led primary prevention initiatives that focus on AOD.

See section 3.1 for information about community-based or community-led primary prevention.

2. About the Queensland Mental Health Commission

The Commission is a statutory body established under the *Queensland Mental Health Commission Act 2013* to drive systemic reform of Queensland's mental health, AOD, and suicide prevention systems. The Commission encourages and facilitates change to improve the mental health and wellbeing of all Queenslanders, with a focus on:



One of the Commission's primary functions is to develop and facilitate the implementation of a whole-of-government strategic plans on behalf of the Queensland Government, to set the strategic direction and identify priority areas for reform and system improvement. The current strategic plan is [Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028](#), which is complemented by three sub-plans:

- [Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027 \(Achieving balance\)](#)
- [Every life: The Queensland Suicide Prevention Plan 2019-2029](#)
- [The Queensland Trauma Strategy 2024-2029](#)

Achieving balance puts into action Queensland's commitment to AOD system reform with the aim of reducing related harms and enhancing safety for individuals and the community.

The five priorities areas identified are:

1. Prevention and early intervention
2. Enhancing treatment and supports
3. Expand diversion
4. Reduce stigma and discrimination
5. Reduce harm

The Commission has been allocated non-recurrent funding to support implementation of *Achieving balance*. This funding opportunity supports actions under the strategic priority of prevention and early intervention.

3. About the Community AOD Primary Prevention Grant Program

This grant program is suitable for all community organisations. Non-AOD specific services are strongly encouraged to apply.

The Commission is seeking to engage non-government organisations with suitable experience, capability and skills to deliver an initiative that meets the objectives identified under these grant guidelines. The total funding pool available under this grant can be found under **Section 4**.

The funding provided will be non-recurrent. Successful recipients will demonstrate how the proposed initiatives contribute to the AOD reform agenda and can be replicated and sustainable beyond this grant.

3.1 AOD Prevention in Queensland

AOD use in the community.

Most people who drink alcohol and/or use legal or illegal drugs will not experience any significant harm from their use. Many people who use AOD do so in a way that doesn't negatively affect their day to day lives. However, some people do experience preventable harms.

Prevention types: the focus of this funding opportunity is **primary prevention**.

AOD prevention responses can be categorised as primary, secondary or tertiary, with each focused on different groups. While there may be some crossover between these approaches, each has a core focus:

Primary prevention has an early focus and aim to prevent harm from ever occurring. They can be delivered universally (e.g. population level approaches) or selectively (e.g. to specific groups of people). Please refer to the supporting documents in **Section 8** for examples of primary prevention initiatives.

Secondary prevention promotes safety for those who already use AOD and can be delivered to people who may have a higher risk of experiencing AOD related harms.

Tertiary prevention is provided to individuals who are experiencing problems with their AOD use. It is aimed at preventing further harm.

Community AOD Primary prevention

In the context of this initiative, community prevention engages communities in AOD primary prevention efforts. Community prevention can be tailored to meet the specific needs of a community, address a wide range AOD-related topics relevant to that community, and be delivered in multiple settings by different methods. Community prevention can be community-based or community-led.

A community-based approach is project-focused and is driven by external people or organisations who have helped a community to explore priorities, share knowledge and deliver activities that respond to their needs.

A community-led approach involves grassroots projects where the community has identified its own needs and is then supported to respond to those needs. Communities are the main driver of this method.

Community organisations that don't deliver AOD services or have a specialist focus on AOD play an important role in delivering AOD primary prevention initiatives. They can reach communities that may not engage with AOD services, address broader determinants of health, strengthen protective factors, and deliver culturally appropriate, tailored approaches for their communities. Being embedded within their communities also positions these organisations to influence attitudes and reduce AOD-related stigma.

3.2 Objectives

The initiative should either develop evidence-based prevention initiatives with supporting resources or trial and evaluate new and innovative approaches that can be adapted and shared for broader use.

Applicants are required to deliver an initiative that contributes to one or more of the objectives listed below:

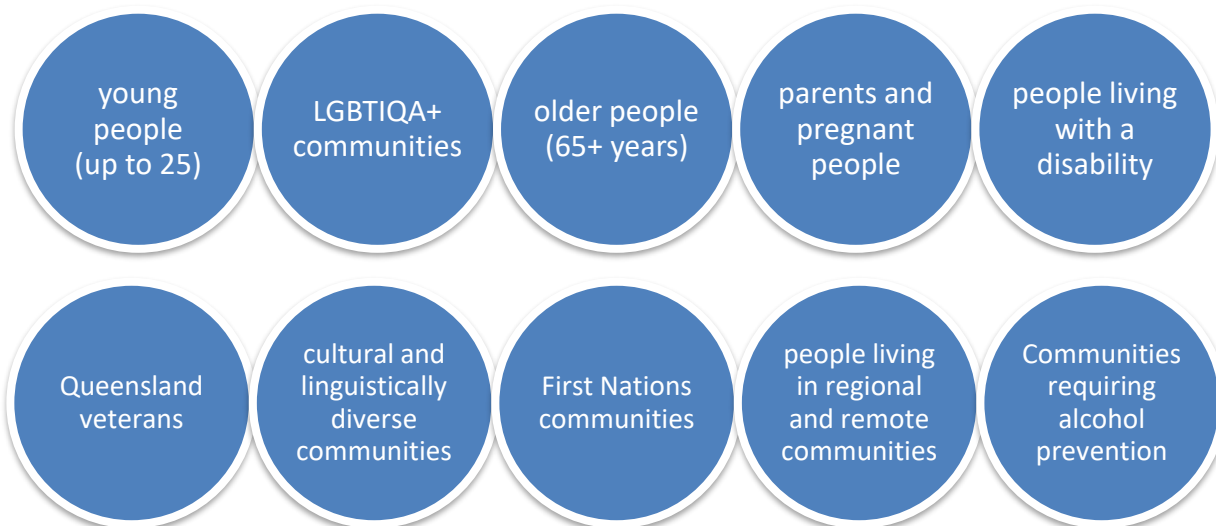
- Contribute to the evidence for effective approaches to AOD primary prevention
- reduce stigma, discrimination and improve community attitudes towards people who use AOD
- strengthen AOD literacy to improve community awareness, attitudes and behaviours
- embed culturally appropriate primary prevention approaches to responding to AOD-related topics
- include people with lived-experience in delivering AOD primary prevention initiatives
- enhance community capacity to implement evidence-based AOD primary prevention
- increase community understanding of AOD-related harm and factors that enhance safety.

The proposed initiative must:

- ✓ be a primary prevention initiative
- ✓ support AOD system reform and align with the strategic intent of *Achieving balance*
- ✓ be informed by evidence or support the development of new evidence
- ✓ include a clear evaluation framework/plan
- ✓ include communities in the design, delivery and evaluation of the initiative
- ✓ include a project timeline
- ✓ include a budget
- ✓ include a sustainability plan

The Commission has identified priority populations for the delivery of primary prevention initiatives.

Applications that do not involve one or more of the identified priority populations will not be excluded from consideration, however initiatives that address these needs are encouraged.



3.3 Evaluating the initiative

The outcomes of the Community AOD Primary Prevention grant program will build evidence and inform future work that the Commission undertakes to support community-based and led AOD primary prevention initiatives. need

At the conclusion of the Contract, grant recipients are required to prepare a detailed end of project report and evaluation for the Commission.

3.4 Partnerships and engagement

The Commission recognises that driving reform requires both strong partnerships and meaningful engagement from a range of stakeholders. Partnerships may include new or ongoing collaborations, while engagement refers to broader activities that involve and connect stakeholders.

These stakeholders could include public, private and not-for-profit organisations that provide health and social services, businesses, industries, peak organisations, and/or Commonwealth, state, and local governments. **Applications need to outline a commitment to working with key stakeholders, which may include, community organisations, priority cohorts, other key organisations, sporting and recreational clubs, government agencies, and existing partnerships.**

3.5 Lived and living experience (LLE) engagement

The Commission recognises the importance of lived and living expertise in informing, guiding and leading the reform of AOD systems. The Commission considers it critical that people with LLE of AOD use are actively involved in the proposed initiative's development, implementation and evaluation. For the purposes of this Grant, the Commission defines a person with a 'lived and/or living experience' as:

- having a direct personal experience of AOD use current or past, including recreational
- being a family member, carer or support person for someone who uses AOD

The approach must align with the values outlined in the Commission's [Commitment to partnering with people with lived-living experience in Queensland](#) and use non-stigmatising, trauma-informed language and approaches.

The Commission believes that providing financial remuneration is an important part of recognising the valuable contribution that people with LLE bring. As such, the Commission expects the successful recipients to manage the participation payments in accordance with the Commission's paid participation fees*, unless the applicant can demonstrate that its own paid participation policy offers better conditions. **Applications need to outline how people with LLE will be engaged in initiative design, implementation and evaluation including a budget for all paid participation expenses.**

*Paid participation time should be remunerated in accordance with fees below.

- Less than 2 hours: \$125
- Half a day (max of 4 hours): \$250
- Whole day (max of 7.25 hours): \$500

3.6 Evidence-based/informed and evidence generating initiatives

Proposed initiatives should be based on or informed by existing and/or emerging evidence, and also consider how they can generate additional evidence. Innovative approaches, that have the potential to positively disrupt and contribute to generating evidence and new information will be highly regarded. **Applications need to outline how the proposed initiative is informed by evidence or emerging evidence, how it contributes to innovation and generating evidence, and how it will be evaluated.**

3.7 Sustainability

This grant funding opportunity is non-recurrent. The Commission is unable to offer funding to successful recipients beyond the life of the Community AOD Primary Prevention grant. **Applications need to consider how a proposed initiative and its outcomes will be sustainable beyond the funding period.**

4. Grant funding available

A total of up to \$1,200,000 is available for the Community AOD Primary Prevention Grant.

Applicants are invited to submit an application for up to \$300,000 per initiative to be spent within 18 months and completed by June 2027. Applications exceeding this amount must identify other funding sources for the balance, or they will not be considered.

Applicants must include a proposed budget, using the template linked in Smartygrants and available on the Commission website <https://www.qmhc.qld.gov.au/documents/budgetproposaltemplate4xlsx>

Applicant organisations may make more than one application, however each application must be for a separate initiative and different in approach.

5. Eligibility criteria

5.1 Who is eligible to apply?

To be eligible to apply for a grant, the applicant must:

- have a registered Australian Business Number and be registered for GST purposes, where relevant
- be Queensland based
- hold or will obtain the appropriate workers' compensation, public liability and professional indemnity insurance required to undertake this initiative and all related activities
- have no outstanding financial liability, service delivery or performance issues for funding previously and/or currently provided by the Queensland Government

5.2 Who is not eligible to apply?

Applicants will not be eligible where they:

- are a State or Commonwealth Government agency/statutory entity, an unincorporated association, a sole trader, or an individual
- declared bankrupt or subject to insolvency proceedings (as relevant to the entity type)
- accept any form of funding from tobacco and/or alcohol companies or their related foundations either directly or indirectly or promote the use of tobacco, alcohol or illicit drugs
- seek to promote political or religious views or ideologies

6. Funding exclusions

The grant funding cannot be used for the following:

- secondary or tertiary prevention initiatives
- activities that do not align with the grant objectives
- activities delivered outside Queensland
- activities that are already funded through another source, including another Queensland Government organisation. For example, you cannot expend against two funding sources for the same activity (sometimes referred to as 'double dipping')
- activities that expand existing funded programs or continue a program where funding is complete
- activities that duplicate existing programs, initiatives, products or services
- recurrent or retrospective funds, including enhancements to existing work or initiatives; reimbursement of costs already incurred or expended; and any component of the initiative or

- related activities that have taken place prior to the application being approved
- salaries or wages for staff not engaged in direct delivery of the funded activity
- for-profit activities
- interstate or overseas travel
- general operational expenses or purchasing and repair of equipment not related to the initiative
- recurring maintenance or operational costs of the organisation/private entity or their facilities
- activities that involve lobbying or commercial ventures for personal gain or fundraising activities, including the promotion of AOD use or product endorsement
- major capital works or upgrades to existing infrastructure
- the purchase of vehicles or similar depreciable assets
- activities that cannot be covered by public liability insurance.

6.1 Applicant

An applicant is the organisation applying for the Community AOD Primary Prevention Grant. If an applicant's proposal is selected, the applicant will enter into a Contract with the Commission. The applicant will assume full responsibility for the development, implementation and evaluation of the initiative and meet all deliverables and reporting requirements, even if other parties undertake components of the initiative.

The applicant will be responsible for the governance of the initiative and will have the capacity to monitor and report on the progress and achievement of deliverables and manage risks.

Applicants must have no outstanding financial accountability, service delivery or performance issues for funding provided by the Queensland Government and must hold insurance which will cover the period during which activities are funded.

6.2 Timing

The grant will commence on the execution of a Contract between the successful applicant and the Commission and will be subject to the specific requirements of the initiative. The timeframe outlined in the application is expected to include appropriate time allocated for the development, implementation, and evaluation of the initiative within a 18-month period after the execution of the Contract. Contracts are anticipated to be executed for project commencement by January 2026.

7. Selection criteria

The Commission is not evaluating offers on the sole criterion of price. Pricing is not a weighted criterion but will form part of a broader value for money assessment. The evaluation process will involve an assessment of applications received against the criteria listed below

Selection Criteria	Response	Weighting
Selection criteria 1. Initiative meets the objectives of the grant through its rationale and approach. The initiative must be guided by supporting evidence.	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • identified need, based on evidence or emerging evidence • which objective/s the activity will meet, and how they will be met • how the proposed initiative addresses the identified need, including any available evidence 	25%

Selection criteria 2. Demonstrates intended outcomes and outputs for the proposed initiative	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • expected outcomes of the proposed initiative and how these meet the objectives of the Grant • expected outputs of the proposed initiative and how these meet the objectives of the Grant • how the proposed approach, milestones and budget will achieve the identified outcomes 	15%
Selection criteria 3. Initiative is evidence-based or evidence-informed	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • an evidence-based or evidence-informed rationale for the initiative • how the initiative considers innovation and contributes to building evidence 	10%
Selection criteria 4: System reform, sustainability, replication and application to other settings/regions	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • how the approach will drive system reform • how the initiative could be replicated and applied across settings and regions • how the initiative will share learnings and outcomes of the initiative to support broadscale adoption • how the proposed initiative and its outputs and outcomes are sustainable and will benefit the community beyond the grant period 	20%
Selection criteria 5: A partnership approach with other key organisations to inform and drive the initiative to design, implement and achieve its outputs and outcomes	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • identify the key stakeholders, including other organisations and government agencies, to achieve the best possible outcomes • outline the roles and responsibilities of how these key stakeholders will be involved in the initiative • how AOD expertise will be leveraged 	10%
Selection criteria 6: A community-led or community-based approach with the inclusion of people with LLE to inform and drive the initiative to design, implement and achieve its outputs and outcomes	Responses must demonstrate <u>all</u> of the following; <ul style="list-style-type: none"> • A community-led initiative and/or how communities are engaged in the; <ul style="list-style-type: none"> ○ development ○ implementation ○ and evaluation of the initiative • how people who use AOD are engaged in the; <ul style="list-style-type: none"> ○ development, ○ implementation, ○ and evaluation of the initiative 	10%

<p>Selection criteria 7:</p> <p>The applicant demonstrates the capability to successfully deliver the initiative using the proposed approach, budget and other identified inputs, and measure and achieve the anticipated outcomes</p>	<p>Responses must demonstrate <u>all</u> of the following;</p> <ul style="list-style-type: none"> • organisation AOD capability or how this will be leveraged externally • demonstrates appropriate governance where applicable • previous experience to deliver the initiative • cost-effectiveness • social and economic impacts • how the initiative will be evaluated, including data collection at baseline, during and after implementation of the initiative 	<p>10%</p>
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8. Additional contextual information

The Commission engaged the Alcohol and Drug Foundation (ADF) to develop a guide to support communities to develop evidence-based AOD primary prevention initiatives. It includes a range of tools and resources to help identify and prioritise local needs; engage communities; and evaluate the impact of initiatives. The Commission encourages applicants to refer to this resource when preparing an application.

- [*Bringing communities together: A guide on how to prevent alcohol and other drug harm in the community.*](#)
- [*Appendix 2. Overview of prevention response activities and evaluation*](#)

Applicants are encouraged to consider the following strategic plans for additional contextual information:

- [*Shifting minds: Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028*](#)
- [*Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027*](#)
- [*Every life: The Queensland Suicide Prevention Plan 2019-2029*](#)
- [*The Queensland Trauma Strategy 2024-2029*](#)

9. How to apply

9.1 Submitting an application

All applications must be submitted online via Smartygrants.

Visit the Commission's landing page (<https://qmhc.smartygrants.com.au/>) or access the direct link to the Grant application form (<https://qmhc.smartygrants.com.au/AODPPG2526>)

Offline applications will not be accepted.

Shortlisted applicants may be required to provide further information and/or participate in an interview.

No extensions to application submissions will be permitted and no late submissions or amendments will be accepted.

9.2 Timeline and key dates

Activity	Timeline
Applications opened via SmartyGrants - Amendments permitted up to due date	Thursday, 28 August 2025
Briefing Session	Tuesday, 9 September 2025
Closing date on SmartyGrants for questions	Monday, 6 September 2025
Closing date for SmartyGrant online applications	Wednesday, 8 October, 2:00pm AEST
Further information requested and interviews (if required)	Tuesday 4 – Friday 7 November 2025
Intended completion date for evaluation of offers	January 2026
Successful applicants notified	January 2026
Intended Contract start date	January 2026

Briefing Session

The Commission will hold an online briefing session via Microsoft Teams on **Tuesday, 9 September 2025 at 10:00am AEST**. Attendance is encouraged, but it is not mandatory.

Please register your attendance via the link [here](#) by **Monday, 8 September 2025**.

10. Successful recipients

10.1 Contract

A copy of the fully executed Contract will be provided to successful recipients.

The Commission will only enter into a Contract with the applicant organisation (one party). The Contract sets out the terms and conditions that will apply to the grants, but some inclusions will be made based on information from successful applications. The Commission may choose to negotiate directly with a successful applicant in relation to some aspects of selected initiatives.

The Contract will outline payment instalments and the conditions for receiving each instalment. The final payment will be made on the acceptance of the final report, evaluation and financial statement by the Commission. Accordingly, applicants should consider the requirements outlined in the Contract prior to completing the application.

Prior to offering a Community AOD Primary Prevention Grant, the Commission reserves the right to undertake further Due Diligence checks of the applicant, including but not limited to the following:

- solvency checking
- Australian Business Number checking
- liaising with relevant Queensland Government agencies
- liaising with the proposed partner organisation
- checking references.

10.2 Promotion

The Commission is likely to promote selected initiatives through its various communication processes, at certain events, and/or at key stages in the life of the Community AOD Primary Prevention Grant. The Commission expects successful applicants to work in collaboration with Commission staff to provide relevant information in a timely manner to support these processes.

The Commission supports successful applicants promoting their initiative locally through their communication processes and networks, for instance, on the applicant's website and newsletters. The Commission may also be supportive of successful applicants promoting their initiatives through a formal external process or third-party publication, for example, at a national conference or peer-review publication. However, approval must first be obtained from the Commission.

In both instances, acknowledgement of the Commission's contribution will be required. Further information about the Commission's branding and acknowledgement requirements will be provided to successful applicants.

10.3 Reporting

In line with the Contract, it is expected that a successful applicant who enters a Contract with the Commission will provide regular (generally six-monthly) written updates on the funded initiative, and in addition will provide a detailed written report on the initiative at its conclusion.

Grant recipients will also be required to provide regular financial acquittal reporting, and an annual audited financial statement.

If the Commission is not satisfied with the progress of an initiative, further payment of funds will not be made until satisfactory progress has been made on the initiative. If satisfactory progress is not achieved within a reasonable time, the Contract may be terminated, and all unspent funds will be recovered by the Commission via invoice. Where there is significant underspend against the approved budget, the Commission may withhold further payments until the underspend is addressed or reallocated in agreement with the Commission.