



Queensland
**Mental Health
Commission**

Better Care Together Funded Lived-Living Experience (Peer) Workforce - 'Work Package' Grants Guidelines 2025

Administering Entity: Queensland Mental Health Commission

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1. Background

The Queensland Mental Health Select Committee's [Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders \(2022\)](#), informed the Better Care Together funded Lived-Living Experience 'work package', via recommendation 54 - Expand and regulate Queensland's lived experience (peer) workforce. This recommendation suggested the Queensland Government progresses work to develop Queensland's lived experience (peer) workforce, including:

- a) the standardisation and regulation of the lived experience workforce
- b) the evaluation and quality assurance of lived experience professional training and development.
- c) works with rural and remote mental health and alcohol and other drugs (AOD) services to develop and support lived experience practitioner roles in rural and remote communities
- d) increases the number of lived experience (peer) service roles in Aboriginal and Torres Strait Islander communities.
- e) investigates ways to encourage the uptake of lived experience roles by working to remove barriers, for example providing scholarships and reducing TAFE costs for requisite qualifications.

The Queensland Government provided funding through [Better Care Together](#), for development of the Queensland Community sector Lived-Living Experience (LLE) workforce. The Queensland Mental Health Commission (the Commission) are the administrators of this 'work package' funding.

A note on language, throughout this document the terms 'Lived-Living Experience (Peer) Workforce', 'Lived-Living Experience Workforce', 'Lived Experience Workforce' and 'Peer Workforce' are used interchangeably, to be inclusive of the variety of preferred language.

In Wave 1 of funding allocations the Commission funded:

1. Queensland Lived Experience Workforce Network (QLEWN), who facilitated the Queensland Lived Experience Workforce Summit held on the Sunshine Coast on 20-21 February 2025.
The two-day Powering Up Summit offered an opportunity for the mental health, suicide prevention, and alcohol and other drugs (AOD) peer workforces to share and develop knowledge, strengthen understanding and collaboration, and contribute to the ongoing development and support for the LLE workforce across the state.
2. Everywhen to build Queensland's First Nations Peer Workforce.
This project focuses on building the capacity and capability of the Aboriginal and Torres Strait Islander LLE (Peer) workforce through the development of a Queensland sector-wide strategic framework co-designed with community, to lead culturally responsive, integrated care to improve social and emotional health and wellbeing outcomes.
Led by Indigenous ways of knowing, doing and being, this framework will complement existing and emerging LLE (Peer) Workforce frameworks in government and non-government sectors across Queensland and nationally.



3. 2Spirits and Queensland Council for LGBTI Health to develop Queensland's First Nations LLE Workforce. This investment supports activities across five sites to build capacity across the mainstream and community service sector more broadly to reduce experiences of exclusion and marginalization of—and increase safety, inclusion and solidarity for First Nations LGBTIQ+SB people and their communities.
4. Queensland Injectors Voice for Advocacy and Action (QuIVAA) in partnership with the Queensland Injectors Health Network (QuIHN) and the Queensland Network of Alcohol and Other Drug Agencies (QNADA) to develop Queensland's AOD Peer Workforce Framework. This project focuses on building capacity within the AOD peer workforce. Activities include developing and piloting resources in a range of AOD settings, a state-wide peer framework fostering collaboration, innovation, and best practices across the sector.
5. Dr Louise Byrne and the Lived Experience Training team to provide whole of sector LLE workforce training (inclusive of regional/rural/remote communities). Self-paced online orientation/induction training has been fully funded (free) and made available for organisations (and individuals) to gain better understanding of the role and benefit of LLE workforces across the broader workforce. Offered to all staff in an organisation or service, the initiative includes a follow up opportunity for organisations to undertake additional foundational knowledge training and custom planning for region wide LLE workforce development.
6. The LE Supervision Project: developing Lived-Living Experience-led (LLE-led) Standardised Supervisor Training Program for Lived Experience Workers in Queensland. This project includes the co-design, piloting and evaluation of an LLE-led standardised supervision training program for LLE workers in Queensland.

In addition to Wave 1 initiatives, work has progressed in encouraging the uptake of LLE Workforce roles, by removing the barrier of cost to accessing the Certificate IV in Mental Health Peer Work. The Commission supplemented federal funding gained as part of the National Peer Work Scholarship Program, awarding 178 scholarships to people with lived-living experience across Queensland. The Queensland Alliance for Mental Health (QAMH) were contracted to deliver the scholarships, which included course costs paid for, \$1000 support and access to group mentoring with Brook RED. Of the 178 recipients, 16% reside in rural or remote areas, 15% speak English as an additional language and 8% identify as Aboriginal and Torres Strait Islander.

This grants process will deliver the final allocation of the 'work package' funding.

The Commission recognises a variety of work taking place across the government and non-government sectors in Queensland to develop the Lived-Living Experience (peer) Workforce. The intention for this allocation of funding is to address identified gaps avoiding duplication. Proposed initiatives building upon existing work must have broader applicability and impact beyond individual organisations and/or specific locations.

Applications for grants starting from \$500,000 (excluding GST) are invited from Queensland non-government entities, for proposed Lived-Living Expertise led initiatives.



'Lived-Living Expertise led' is a mandatory requirement of the funding. Further details regarding Lived-Living Expertise inclusions are outlined in section (4.4).

Organisations that submitted Proposals not progressed under the Wave 1 processes, are invited to submit applications through this grant process.

2. About the Commission

The Commission is a statutory body established in 2013 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:

- improving the mental health and wellbeing of all Queenslanders
- preventing and reducing the impact of mental illness
- preventing and reducing the impact of problematic AOD use
- preventing and reducing the impact of suicide.

This includes working across a broad range of portfolio areas including health, communities, education, child safety, employment, police, corrections, the economy and justice.

One of the Commission's primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental illness, problematic AOD use, and those affected by suicide. 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*](#)
- [*Every life: The Queensland Suicide Prevention Plan 2019-2029*](#)
- [*The Queensland Trauma Strategy 2024-2029*](#)

3. Recommended Briefing Session

A Briefing Session will be held online Monday 2 June from 1pm – 2pm with supplementary information that will support your application preparation. If you cannot attend online, a replay will be made available on the QMHC website. It is strongly recommended to watch the Briefing Session video in addition to reading these guidelines. The Briefing Session includes contextual information around identified LLE/Expertise workforce needs.

[Register for the Briefing Session here](#)

4. About the Work Package Grants

The grants are administered by the Commission, on behalf of the Queensland Government, and support the expansion and regulation of Queensland's Community Sector LLE workforce.

Information about the Lived-Living Experience (Peer) Workforce - 'Work Package' Grants is detailed in these guidelines.



4.1. Objectives

Proposed initiatives must be delivered in Queensland and align to Recommendation 54: Expand and regulate Queensland's lived experience (peer) workforce, addressing one or more of the following objectives:

- a) the standardisation and regulation of the lived experience workforce
- b) the evaluation and quality assurance of lived experience professional training and development.
- c) works with rural and remote mental health and alcohol and other drugs (AOD) services to develop and support lived experience practitioner roles in rural and remote communities
- d) increases the number of lived experience (peer) service roles in Aboriginal and Torres Strait Islander communities.
- e) investigates ways to encourage the uptake of lived experience roles by working to remove barriers, for example providing scholarships and reducing TAFE costs for requisite qualifications

4.2. Partnership approach

The Commission invites initiatives that include a partnership or partnerships between multiple parties, with one party identified to lead on the application/funding contract.

The lead party applying/entering a contract with the Commission must be Lived-Living Expertise led (as outlined in 4.4), aiming to achieve state-wide outcomes across the Aboriginal and Torres Strait Islander and/or AOD and/or, mental health and suicide prevention LLE (Peer) workforces.

Applications that do not involve a partnership will not be excluded from consideration, however initiatives that include a partnership or partnerships are preferred.

Partnerships will need to identify a key party as the lead contact in the grant application, and if successful, act as the lead party on the funding contract. In instances of partnerships being successful in the grants process, the Commission will negotiate and contract with the one identified key party, enabling the key party to lead the partnerships through arrangements including but not limited to a MOU or sub-contracting agreements.

The Commission recognises that driving reform of the mental health, AOD, and suicide prevention systems requires input and support from a range of stakeholders. These stakeholders could include public, private and not-for-profit organisations that provide health and social services, communities, businesses, relevant industries, peak organisations, and/or Commonwealth, state, and local governments. In addition, the Commission may be able to assist successful applicants to engage in discussions regarding collaborative participation with a relevant key stakeholder, if these are not already established.

The Commission recognise that specific and tailored approaches for partnering with Aboriginal and Torres Strait Islander people and communities needs to be developed collaboratively. The Commission are committed to learning from Aboriginal and Torres Strait Islander people and communities to understand and honour their ways of being, knowing and doing, and the approaches that work best for them.



4.3. Priority areas

A proposed initiative must contribute to the Community sector LLE workforce development, addressing Recommendation 54: Expand and Regulate, including a focus on one or more of the following priority groups:

- Aboriginal and Torres Strait Islander communities
- AOD, mental health and/or suicide prevention sectors
- Rural and remote communities

And one or more of the following workforce needs would be highly regarded:

- Collective leadership and collaboration
- Training and/or training quality assurance
- Addressing psychosocial hazards and/or workforce safety frameworks.

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

4.4. Lived–Living Expertise is a Mandatory Requirement

All proposed initiatives must be Lived-Living Expertise led. ‘Lived-Living Expertise led’ is a mandatory requirement of the grants funding.

In the context of these grants, Lived-Living Expertise led, and partnerships included are as follows:

- Initiatives will be led by a Queensland based established and recognised Lived-Living Expertise governed, managed, and operated entities.
- Non-government organisations with a designated and established Lived-Living Expertise team, who have effectively embedded Lived-Living Expertise governance processes and can demonstrate the Lived-Living Expertise teams will be leading the initiative, will also be considered.
- The Commission recognises within the LLE community there are independent contributors, consultancies and groups with highly developed and demonstrated Lived-Living Expertise. Partnerships between established and recognised Lived-Living Expertise entities are encouraged.
- Authentic and effective allyship is crucial to the development of the LLE (Peer) workforce. Partnerships can include relevant non-government organisations who can demonstrate meaningful engagement with LLE/Expertise community and/or have embedded LLE/Expertise initiatives/practices within in their organisation, with the support of an established and recognised Lived-Living Expertise entity as the lead party.

The importance of language is recognised and noted that there is no consensus on the language used to define collective LLE. The Commission defines ‘lived-living experience’ as personal experience/s of mental health challenges, and/or AOD use, and/or suicidal distress. This includes family, kin, unpaid carers and other unpaid supporters of people experiencing mental health challenges, and/or AOD use, and/or



suicide. This also includes people who are bereaved by suicide. LLE may be viewed as a continuum of experiences that people may have at different times in their lives.

Building upon personal experience, 'Lived-Living Expertise' involves the intentional, informed, and skilled application of one's lived experiences to support others and effect systemic change. Expertise is developed through critical reflection, training, professional development and engagement in formal roles such as peer support, advocacy, research, policy development and LLE Leadership. It represents a transition from personal insight to a professionalised contribution that enhances service delivery and fosters more equitable and effective support systems.

Robust inclusion of people with LLE/Expertise must be included throughout the proposed initiative, including engagement in regional, rural, and remote areas.

The Commission recognises the importance of Lived and Living Expertise in informing, guiding and leading reform of the mental health, AOD, and suicide prevention systems. The Commission considers it critical that people with LLE are equal partners in the proposed initiative's development, implementation and evaluation.

This is part of [the Commission's Commitment to partnering with people with Lived-Living Experience in Queensland](#) and the understanding that the perspectives and insights of people with LLE are critical to system reform and the Commission's commitment to embedding LLE and expertise at every level and across all aspects of its work.

Proposed initiatives must include a commitment to and a plan for paid participation, in recognition of the valuable, specialised and expert contribution made by people with LLE, their families, kin, unpaid carers and other supportive people.

4.5. Evidence-based initiatives

Proposed initiatives should be based on or informed by existing and/or emerging evidence. Applicants are encouraged towards innovative approaches, that have the potential to disrupt in positive ways and contribute to generating further evidence.

4.6. Non-recurrent funding

The Grants funding is non-recurrent. The Commission is unable to offer funding to successful applicants beyond the grant funding period.

4.7. Rural, regional and remote areas

The Commission recognises Queensland has one of the most extensive rural, regional and remote areas of any state or territory, and over 50% of the state's population live outside Greater Brisbane. Communities, services and organisations in these areas face often unique barriers and challenges, including limited access to supports and services, reduced connectivity and workforce shortages. Initiatives that support development of the LLE Community sector workforce in rural and remote locations is a priority area of the Work Package funding.



Refer to the Health Workforce Locator map to determine rural, regional and remote locations:
<https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>

5. Program funding available

The 'work package' funding will be delivered through this grant process, with a total of \$2,500,000 (excluding GST) available.

Applications for grants starting from \$500,000 (excluding GST) are invited from Queensland non-government entities, for proposed Lived-Living Expertise led initiatives (as outlined in 4.4).

Applicant organisations or partnerships may make more than one application; however, each application must be for a separate initiative and not duplicate proposed activities.

Applications that include a high level of collaboration among partners will be highly regarded. Partnerships will need to identify a key party as the lead contact in the grant application, and if successful, act as the lead party throughout contract negotiation and on the funding contract. In instances of partnerships being successfully funded, the Commission will contract with the one identified key party, enabling the key party to lead the partnerships through arrangements including but not limited to a MOU or sub-contracting agreements.

Applicants must include a [proposed budget](#), using [this template](#) and available on the Commission website (<https://www.qmhc.qld.gov.au/>), ensuring the proposed initiative is appropriately resourced, including appropriate resourcing for the level of collaboration outlined in the proposal.

6. Eligibility criteria

6.1. Who is eligible to apply?

To be eligible to apply for the Grants, the applicant must:

- **be Lived-Living Expertise led (as outlined in 4.4).**
- have a registered Australian Business Number (ABN) and be registered for GST purposes, where relevant
- be Queensland based
- have not for profit objectives
- hold or will obtain the appropriate workers' compensation, public liability (\$10 M) and professional indemnity insurance (\$1 M) 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
- must not have received funding from another Queensland Government organisation for the same proposed initiative, within the same 18-month delivery timeframe (no double-ups permitted).

6.2. Who is not eligible to apply?

Applicants will not be eligible where they:

- are a Local, State or Commonwealth Government agency/statutory entity
- are 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
- initiatives that seek to promote political or religious views or ideologies.

7. Funding exclusions

The Grants funding cannot be used for the following:

- activities that do not align with the Grants objectives
- activities delivered outside Queensland, or by a third-party or sub-contractor operating outside Queensland
- clinical mental health and AOD services
- activities that are already funded through another source. For example, you cannot expend against two funding sources for the same activity (sometimes referred to as 'double dipping'), however, funding may be used to expand an existing funded program or continue a program where funding is coming to an end
- activities that duplicate existing programs, initiatives, products or services in the same location
- 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, will not be eligible for funding
- salaries or wages for staff not engaged in direct delivery of the funded activity
- for-profit activities
- interstate or overseas travel
- general operational expenses and products, including rent, electricity and utilities
- purchasing or repair of equipment and depreciable items not related to the funded initiative
- recurring maintenance or operational costs of the organisation 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
- cash prizes
- purchase/lease/registration of motor vehicles
- activities that cannot be covered by public liability insurance.

8. Assessment criteria

No.	Mandatory Criteria Description	Criteria Weighting
1	The proposed initiative will be delivered in Queensland	Mandatory
2	<p>All proposed initiatives must be Lived-Living Expertise led. 'Lived-Living Expertise led' is a mandatory requirement of the grants funding.</p> <p>In the context of these grants, Lived-Living Expertise led, and partnerships included are as follows:</p> <ul style="list-style-type: none">• Initiatives will be led by a Queensland based established and recognised Lived-Living Expertise governed, managed, and operated entities.	Mandatory



	<ul style="list-style-type: none"> • Non-government organisations with a designated and established Lived-Living Expertise team, who have effectively embedded Lived-Living Expertise governance processes and can demonstrate the Lived-Living Expertise teams will be leading the initiative, will also be considered. • The Commission recognises within the LLE community there are independent contributors, small consultancies and groups with highly developed and demonstrated Lived-Living Expertise. We encourage partnerships between established and recognised Lived-Living Expertise entities. • Authentic and effective allyship is crucial to the development of the LLE (Peer) workforce. Partnerships can include relevant non-government organisations who can demonstrate meaningful engagement with LLE/Expertise community and/or have embedded LLE/Expertise initiatives/practices within in their organisation, with the support of an established and recognised Lived-Living Expertise entity as the lead party. 	
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Eligible applications will be assessed against the following criteria:

No.	Criteria Description	Criteria Weighting
1	<p>The initiative meets Recommendation 54: Expand and regulate Queensland's Lived Experience (Peer) Workforce, addressing one or more of objectives (outlined in 4.1) through its rationale and methodology</p> <ul style="list-style-type: none"> • Demonstrate how the initiative will meet at least one of the grant objectives (4.1) • Demonstrate how the initiative will meet at least one of the priority areas (4.3) • Demonstrate how the proposed methodology, milestones and budget will achieve the initiative's outputs and outcomes • Provide realistic project timeline with key milestones and deliverables • Identify contingency plans for unforeseen circumstances, including alternative consultation methods and partnership arrangements if required 	20%
2	<p>Partnering/engagement of people with Lived-Living Experience</p> <ul style="list-style-type: none"> • Robust inclusion of people with LLE/Expertise throughout the initiative • Clear and well-structured methodology for consultation facilitation, ensuring inclusivity and ethical engagement. • Approach to ensuring diverse representation, including engagement in regional, rural, remote areas, accessibility, and cultural safety. • Commitment to trauma-informed, strengths-based, and culturally safe engagement. • Understanding of ethical considerations, including informed consent, confidentiality, and participant safety. • Commitment to and a plan for paid participation, in recognition of the valuable, specialised and expert contribution made by people with a lived-living experience, their families, kin, unpaid carers and other supportive people. 	20%
3	<p>The applicant demonstrates the capability to successfully deliver the initiative, including through partnerships and collaborations</p> <ul style="list-style-type: none"> • Applications outline a commitment to working with key stakeholders, including community organisations, other key LLE organisations, government agencies, and existing partnerships which will contribute to objectives • Applications involving partnerships identify one lead party to act if successful, as the lead contact on contract negotiations/possible funding contract 	20%



	<ul style="list-style-type: none"> • Demonstrates capability and experience to undertake the initiative and produce the outputs, outcomes and impact in terms of both resources, expertise and past experiences • Demonstrates appropriate governance where applicable to the proposed initiative • Demonstrates the ability to working with key stakeholders, including other organisations and government agencies and the local community to achieve the best possible outcomes • Costings for partnerships and high-level collaborations are clearly calculated and articulated <p><i>Applications that do not involve a partnership will not be excluded from consideration, however initiatives that include a partnership or partnerships are preferred.</i></p>	
4	Quality reporting and analytical approach <ul style="list-style-type: none"> • Ability to synthesize consultation findings into a clear, actionable, and high-quality reports using plain language for the general public • Demonstrated expertise in data collection, thematic analysis, and translating LLE into program design and/or policy recommendations • Clarity, structure, and accessibility of reporting style, ensuring findings are practical and useful for government agencies and the general public • Examples/demonstrated ability of producing high-impact reports or research or frameworks developed 	15%
5	The initiative is evidence based <ul style="list-style-type: none"> • Demonstrates an evidence-based or evidence-informed rationale for the initiative • Identifies how the initiative considers innovation and generating evidence • Demonstrates how the initiative will be evaluated, including outlining the initiative's intended outcomes and how these will be measured • Ability to capture learnings and contribute to the collective Lived-Living Expertise evidence base and communicating best practice 	15%
6	Price and value for money – Impact <ul style="list-style-type: none"> • Demonstrated ability to provide value for money and meet delivery timeframes • The response should clearly articulate separate costs for each key component of work to be undertaken and represent good value for money • Demonstrated ability to deliver high-quality outputs within budget constraints • Applications should consider how a proposed initiative and its outputs and outcomes could benefit the community beyond the immediate funding period. 	10%
Total Weighting		100%

9. The applicant/lead party

The applicant/lead party is the organisation applying for the Grant, and if successful will enter contract negotiations with the Commission. After a negotiation period, successful negotiations will progress into the development of a contract with the Commission.

The applicant/lead party 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/lead party will be responsible for the governance structure/framework and will have the capacity to monitor and report on the progress and achievement of deliverables, manage risks and account for the Grant.

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.

10. Program timing

The Grant will commence on the execution of a contract between the successful applicant/lead party 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 from execution of the contract for work up to 30 June 2027.

Outcomes of these grants are expected to be announced in July 2025, with successful applicants/lead parties notified and invited to enter a negotiation period with the Commission.

Successful negotiations will progress into drafting contracts and move to execution of contracts in early September 2025. If these timeframes should vary significantly, written advice will be provided to the applicant/lead party.

11. Additional contextual information

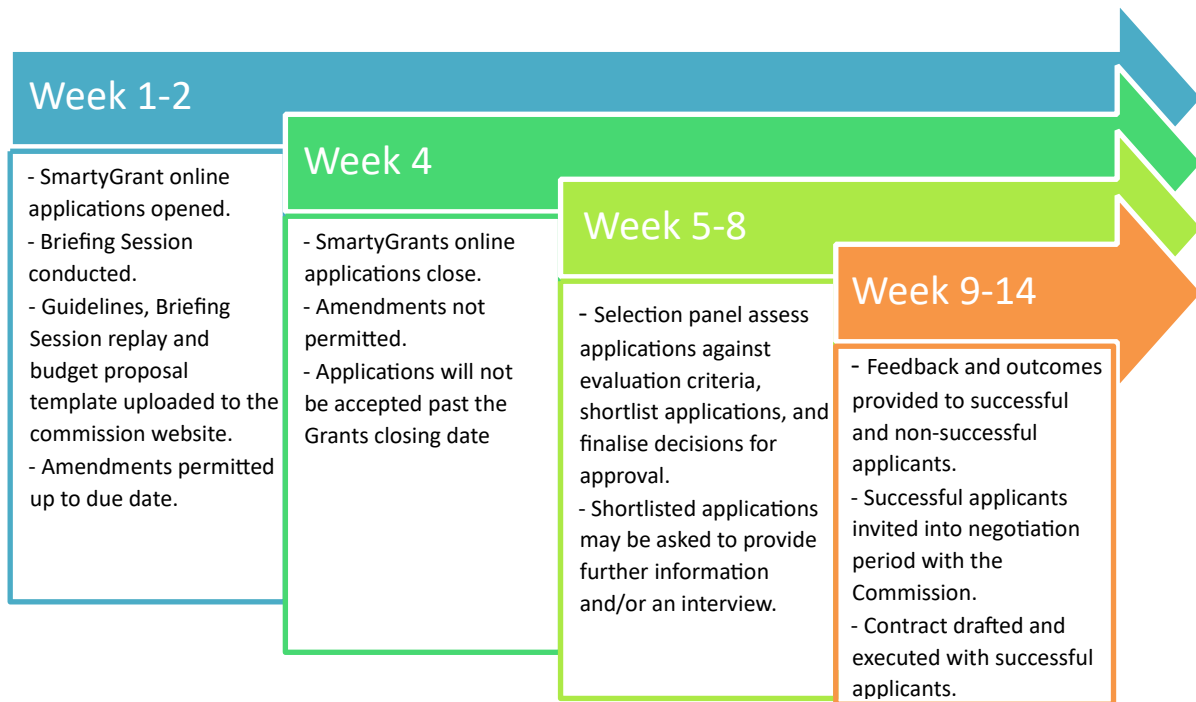
Applicants are encouraged to consider the following strategic plans and frameworks for additional contextual information:

- [*Shifting minds: The 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*](#)
- [*Queensland Framework for the Development of the Mental Health Lived Experience Workforce - Queensland Mental Health Commission*](#)
- [*National Lived Experience \(Peer\) Workforce Development Guidelines - National Mental Health Commission*](#)
- [*Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide: A Learning Tool for all Peer Workforces and Organisations - Black Dog Institute*](#)



12. Application process and timeline

Applications need to be submitted online through Smarty Grants within the following timeline.



13. How to apply

All applications must be submitted online via Smartygrants (<https://gmhc.smartygrants.com.au/>). Offline applications will not be accepted. No extensions to application submissions will be permitted and no late submissions or amendments will be accepted.

14. Successful applicants

Successful applicants will be invited to enter into a legally binding contract with the Commission, on behalf of the State of Queensland. The contract must be executed before any payments can be made.

14.1. Contract

A copy of the fully executed contract will be provided to successful applicants/lead party.

The Commission will only enter a contract with the applicant organisation (lead party). 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 by the Commission.

Prior to offering a Grant, the Commission reserves the right to request further information or undertake further probity checking 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
- requesting and checking references.

14.2. Promotion

The Commission is likely to promote initiatives through its various communication processes, at certain events, and/or at key stages in the life of the Grants. 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 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.

14.3. Reporting

In line with contract deliverables, it is expected that a successful applicant who enters a contract with the Commission will provide regular written updates (including formal progress reports) on the funded initiative and will provide a detailed written report (final report) on the initiative at its conclusion.

Program recipients will be required to provide regular financial acquittal reporting, and financial statements.

If the Commission is not satisfied with the progress of an initiative, 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 outstanding funds will be recovered by the Commission via invoice.

15. Further information

If you have any queries for the Lived-Living Expertise team, please detail your questions in an email to our new team email address: gmhclleteam@qmhc.qld.gov.au and we will respond to them collectively in the Briefing Session and/or FAQs uploaded to the QMHC website.

For more information on the application process or use of SmartyGrants, please contact the Commission Senior Business Support Officer (Procurement and Grants) on 3244 9214 or 1300 855 945, or email contracts@qmhc.qld.gov.au.