Sponsorship

**Application form**

Sponsorship up to $10,000 (excluding GST)

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| About the sponsorship program | The Commission is committed to supporting events, conferences and other activities that:* support outcomes under *Shifting minds:* [*Queensland Mental Health, Drug and Alcohol Strategic Plan 2018–20*](http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/)*23*
* 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**, **30** **August** and **29** **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 in *Shifting minds: Queensland Mental Health, Drug and Alcohol Strategic Plan 2018–2023*
* promotes the Commission’s activities.
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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.) |       |
| 1.2 Organisation contact person |
| CEO/Manager | Title | Mr [ ]  | Ms [ ]  | Other (please specify) |       |
| First name/s |       |
| Surname |       |
| Telephone | Work | (     )       | Mobile |       | Fax | (     )       |
| Email |       |
| Activity/event contact person | Title | Mr [ ]  | Ms [ ]  | Other (please specify) |       |
| First name/s |       |
| Surname |       |
| Telephone | Work | (     )       | Mobile |       | Fax | (     )       |
| Email |       |
| 1.3 Organisation address |
| 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 |       |
| 1.4 Organisation ABN |
| What is the applicant’s trading name or professional name (if relevant)? |       |
| Is the applicant registered for GST? | [ ]  Yes [ ]  No |
| Applicant’s ABN |                       |
| In what legal name is the ABN registered? |       |

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| Section 2 Eligibility |
| 2.1 Organisation eligibility |
| **NOTE: To be eligible you must tick every box.** |
| Please tick the relevant boxes to indicate that the applicant: [ ]  is an incorporated body (including statutory authorities and companies)[ ]  is not a political or religious organisation[ ]  does not accept any form of funding from tobacco and alcohol companies or their related foundations either directly or indirectly[ ]  is not a state, territory or Australian government agency. |
| 2.2 Initiative eligibility |
| **NOTE: To be eligible you must tick every box.** |
| Please tick the relevant boxes to indicate that the initiative: [ ]  does not promote or involve the use of alcohol or other drugs [ ]  does not include product endorsements[ ]  recognises and respects diversity of individuals, families, communities or culture [ ]  does not include funding for capital works, infrastructure projects, major equipment/asset purchase[ ]  does not support fundraising or the general operating costs of an organisation[ ]  is not considered high risk or contravenes the Queensland Mental Health Commission’s policies or policy intent[ ]  does not involve advancement or promotion of a political organisation, or a political view of the government’s legislative role[ ]  does not involve advancement or promotion of a religion or religious outlook for the recruitment of people to a religion[ ]  does not involve funding to a third party to implement the initiative[ ]  is covered by appropriate public liability insurance. |
| 2.3 Public liability insurance |
| Insurer |       |
| Policy number |       | Value |       |

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| Section 3 Proposed initiative |
| 3.1 Initiative summary |
| Proposed title of the initiative |       |
| Summary description of the initiative(150 words max) |       |
| Total sponsorship requested | 1. $       (excluding GST)
 | 1. $       (including GST)
 |
| Start date for the initiative |       |
| Finish date for the initiative |       |
| Location where initiative will occur(Include town, city, or country if overseas) |       |
| List any partners to your initiative |       |
| 3.2 Initiative proposal |
| Please provide a concise outline of your initiative by completing the sections below. **Please do not exceed three, one-sided, A4 pages** to respond to this section in the boxes provided (or as a separate document). |
| 1. **Description.** Outline the purpose of the sponsorship, noting the specific activities the sponsorship will be used to fund.
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|       |
| 1. **Criteria.** Outline how the proposed sponsorship meets the eligibility and assessment criteria. Include information about how the initiative contributes to the Commission’s objectives, supports the outcomes of *Shifting minds:* Queensland Mental Health, Drug and Alcohol Strategic Plan 2018–2023 and promotes the Commission’s activities and products.
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|       |
| 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.
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|       |
| 1. **Capacity.** Provide examples of previous work that supports your organisation’s ability to deliver the proposed initiative.
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|       |
| 1. **Governance.** Provide examples of your organisation’s proven ability to manage funds and outline your governance framework.
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|       |
| 1. **Marketing.** Provide an overview of your marketing plan (leading up to and including the event), including planned media coverage.
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|       |
| 1. **Outcomes.** Please outline the outcomes that will be achieved from the initiative.
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|       |
| 1. **Vulnerable groups**. Does the initiative consider the needs of any of the groups below? Tick only those that apply
 |
| [ ]  | Aboriginal and/or Torres Strait Islander peoples | [ ]  | People from culturally and linguistically diverse backgrounds |
| [ ]  | Rural and remote communities | [ ]  | People who identify as lesbian, gay, bisexual, transgender, intersex or questioning |
| [ ]  | Other groups at risk of marginalisation (please state):       |

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| Section 4 Sponsorship particulars |
| 4.1 In-kind support |
| Please outline any in-kind support you would like to receive from the Commission. |
|       |
| 4.2 Proposed benefits |
|   | **Tick those that apply** | **Provide specific details (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 |       |

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| Section 5 Supporting material |
| The following supporting material is critical to the success of your application: |
| [ ]  | An electronic copy of the Application Form and support materials. Provide the application in Microsoft Word and 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 initiative, please provide the following support material: |
| [ ]  | Confirmation of venues and evidence of interest from potential clients to demonstrate demand for your initiative |
| **NOTE:*** Letters of support must include an original signature or contact details of the author and be provided in PDF format.
* All supporting material must be labeled with your organisation’s name, address and clear details of artists and tracks or works.
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| Section 6 Certification |
| **I, the undersigned, certify that** |
| [ ]  I am authorised to sign this application on behalf of the organisation.[ ]  The statements in this application are true and correct to the best of my knowledge, information and belief. The supporting material is the work of this organisation and where relevant any contributors, references to other authors/sources, and/or artistic contributors have been appropriately acknowledged.[ ]  I acknowledge that my organisation may suffer damage if any of the information in this application is incomplete, inaccurate, out of date or misleading in any way.[ ]  I consent to information in this application being used for training, systems testing or process improvement purposes by the Commission.[ ]  I give permission for the Commission to forward this application to the most appropriate industry experts for advice. |
| Name in full |  |  |  |
| Position in organisation |  |  |  |
| Signature |  | Date |    /    /      |

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| Submitting your application |
| **Submit your electronic application via email to** **tenders@qmhc.qld.gov.au** |
| Please ensure you have answered all sections on the application form and attach the signed and completed form. |
| **Note:*** there is a maximum email size restriction of 10MB
* You will receive an email notification advising that your submission has been received. If you do not receive this automatic notification please contact us on 1300 855 945.
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