**Queensland Mental Health Week (8-14 October 2017)**

Community Events Grant Program

**Application form**

Offering grants of up to $2,500 (excluding GST)

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| Opening date | Closing date | Successful applicants advised | Public announcement |
| 8 August 2017 | 1 September 2017 | 15 September 2017 | 17 September 2017 |

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| About the Community Events Grants Program | |
| In 2017, Queensland Alliance for Mental Health Ltd (QAMH) on behalf of the Queensland Mental Health Commission (the Commission) is offering grants of up to $2,500 (excluding GST) from a total investment of $85,000 to support local organisations across Queensland with small grants to host registered Queensland Mental Health Week community awareness events and activities. Funded events or activities will:   * increase community awareness of, and engagement in, mental health and wellbeing * promote education and understanding of mental illness * foster inclusion of those living with mental illness, their families, carers and support people.   The Community Events Grant Program will consider the needs of groups that are at a greater risk, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people living in rural and remote Queensland, people who identify as lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ), and other groups at risk of marginalisation.  Applicants are encouraged to partner with other local organisations as well as local councils to maximize the reach and impact of their Queensland Mental Health Week event or activity.  Note that only one application per event is allowed. | |
| IMPORTANT! | **Please read the guidelines** for the Queensland Mental Health Week (QMHW) Community Event Grant as they will help you to complete this form. You can find them on the [**Queensland Alliance for Mental Health**](http://www.qldalliance.org.au/qmhw-community-events-grant-program/), **[Queensland Mental Health Week](http://www.qldmentalhealthweek.org.au)** and [**Queensland Mental Health Commission**](http://www.qmhc.qld.gov.au/) websites. |

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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 |  | | | | | |
| Email |  | | | | | | | | | | | |
| Second contact person | Title | Mr | | | Ms | | Other (please specify) | | | |  | | |
| First name/s |  | | | | | Surname |  | | | | | |
| Telephone | Work | | (     ) | | | Mobile |  | | | | | |
| Email |  | | | | | | | | | | | |
| Website address |  | | | | | | | | | | | | |
| 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 | | | |  |
| 1.4 Organisation ABN/ACN | | | | | | | | | | | | | |
| What is the applicant’s trading name or professional name (if relevant)? | | |  | | | | | | | | | | |
| Is the applicant registered for GST? | | | Yes  No | | | | Applicant’s ABN/ACN | | |  | | | |
| In what legal name is the ABN/ACN registered? | | |  | | | | | | | | | | |

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| Section 2 Eligibility | | | |
| 2.1 Applicant organisation’s eligibility | | | |
| **NOTE: To be eligible you must be able to tick every box.** | | | |
| Please tick the relevant boxes to indicate that the applicant:  is an incorporated body (including non-government organisations, local governments and companies), not an individual  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  is a registered event on the Queensland Mental Health Week website: [**www.qldmentalhealthweek.org.au**](file:///C:/Users/ksouthwell/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/ZZEPHQ0Y/www.qldmentalhealthweek.org.au) | | | |
| 2.2 Eligible QMHW events or activities | | | | | |
| **NOTE: To be eligible you must be able to tick every box.** | | | | | |
| Please tick the relevant boxes to indicate that the event or activity:  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, or major equipment/asset purchase  does not support fundraising or the general operating costs of an organisation  is not considered high risk or contravenes the Commission’s policies or policy intent  does not deliver services that the organisation or other organisations routinely provide, or are part of an organisation’s ongoing and existing service delivery  does not duplicate existing government and/or non-government programs or projects  is not the responsibility of Australian or Queensland Government agencies to deliver  does not involve funding to a third party to implement the event or activity  is covered by appropriate public liability insurance. | | | | | |
| 2.3 Public liability insurance | | | | | |
| Insurer | |  | | | |
| Policy number | |  | Value |  | |

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| Section 3 Grant proposal | | | | | |
| 3.1 Summary of proposed QMHW event or activity (note only one application per event) | | | | | |
| Proposed title of the event / activity | |  | | | |
| Date of event | |  | | | |
| Location of the event / activity | |  | | | (e.g. city, suburb, town or regional area) |
| **Total funding requested** | | $       (**excluding** GST) | | | Up to a maximum of $2,500. All amounts must **exclude** GST |
| Summary description of the event / activity  (150 words max) | |  | | | |
| 3.2 Assessment criteria | | | | | |
| Please answer the assessment criteria in each of the boxes below **Please do not exceed 200 words** per response. | | | | | |
| 1. Detail how the event or activity will maximize community awareness of, and engagement in mental health and wellbeing; promote education and understanding of mental illness; and foster inclusion of those living with a mental illness, their families, carers and support people. | | | | | |
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| 1. Outline the extent to which the event or activity adopts a collaborative, cross-sectoral approach, including local government, where appropriate. | | | | | |
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| 1. Detail the organisation’s ability to deliver the event or activity. | | | | | |
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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 Budget | | | | | |
| Please complete your proposed expenses budget for the event or activity (up to a maximum of $2,500), using the template below. | | | | | |
| * Use whole dollar amounts | | * Input amounts **excluding GST** | | | |
| ****Expenses to deliver the event or activity**** | | | | | |
| **Description of expense** | | | | **$ Amount  (excluding GST)** | |
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| **Subtotal (excluding GST)** | | | |  | |
| **GST amount** | | | |  | |
| **Total (including GST)** | | | |  | |
| Section 5 Certification | | | | | |
| **I the undersigned certify that** | | | | | |
| I am authorised to sign this application on behalf of the organisation.  I have read, and my organisation will abide by, the Community Event Grant Guidelines.  The statements in this application are true and correct to the best of my knowledge, information and belief.  I acknowledge that my organisation may be deemed ineligible if any of the information in this application is incomplete, inaccurate, out of date or misleading in any way. | | | | | |
| Name in full |  | |  | |  |
| Position in organisation |  | |  | |  |
| Signature |  | | Date | | /    / |
|  |  | |  | |  |
| Submit your application | | | | | |
| **Submit your application via email to** **projects@qamh.org.au** | | | | | |
| Please ensure you have answered all sections on the application form and attach the signed and completed form. | | | | | |
| **CLOSING DATE Applications close at 5:00 pm on Friday, 1 September 2017** | | | | | |

Further information about the Queensland Mental Health Week Community Event Grant program, including the guidelines and application forms, can be downloaded from:

* [**www.qmhc.qld.gov.au**](http://www.qmhc.qld.gov.au/)
* [**www.qldmentalhealthweek.org.au**](http://www.qldmentalhealthweek.org.au)
* [**www.qldalliance.org.au/qmhw-community-events-grant-program/**](http://www.qldalliance.org.au/qmhw-community-events-grant-program/)

or by emailing [**projects@qamh.org.au**](mailto:projects@qamh.org.au).