

2024 QMHW Community Events Grant Program Application Form

Form Preview

Eligibility

* indicates a required field

Before getting started

Before completing this application form, you should have read the [2024 QMHW Community Events Grant Program Grant Guidelines](#).

You will need:

- a summary of your proposed event, the estimated number of participants and target audience
- your organisation's Australian Business Number (ABN) or Australian Company Number (ACN)
- a budget that relates to how you will spend the grant funds. Approximates are all that are necessary. Quotes are not needed for this form, but you may want to seek them for your own event planning purposes.

Applications open at 9:00am on Monday 15 April and close at 11:59pm Friday 17 May 2024 (times in AEST).

Please make sure you submit your application with plenty of time before the deadline. Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions please email info@qldmentalhealthweek.org.au or call CheckUP on 07 3105 8300 and quote the application number below.

Make sure to save your work. You may be logged out automatically after 20 minutes if you don't save, which will cause you to lose any unsaved work.

Grant round name

This field is read only.

The round this submission is in.

Application number

This field is read only.

The identification number or code for this submission.

Available funding

Please note, as per the Grant Guidelines, grant funding amounts to be applied for are fixed and determined by the type and size of proposed events as shown below.

Private event of any size

\$500

Small-scale public event (fewer than 50 people excluding staff/volunteers)

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\$500

Medium-scale public event (50-150 people excluding staff/volunteers)

\$1,000

Large-scale public event (over 150 people excluding staff/volunteers)

\$2,000

Confirmation of eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete this section before any others to ensure you do not waste your time applying for an unsuitable grant.

I confirm that the applicant:

- has read and understood the grant guidelines;
- is able to enter into a legally binding and enforceable agreement with the grant administrator;
- has an active ABN
- is currently based or operating within a Queensland community;
- will agree to the terms and conditions of the funding agreement;
- has the appropriate type and level of insurance (including Public Liability Insurance) for the event/activities that are proposed in the grant application; and
- is one of the following entity types:
 - a company/association incorporated in Australia
 - a registered charity or not-for-profit organisation
 - a trustee on behalf of a trust
 - a local council
 - an Indigenous Shire Council
 - an Indigenous Knowledge Centre
 - an Aboriginal and/or Torres Strait Islander Corporation registered under the Corporations (Aboriginal and/or Torres Strait Islander) Act 2006
 - a Parents and Citizens association
 - an Independent or faith-based school

I confirm that the applicant is *NOT* any of the following:

- an individual;
- a sole trader or partnership;
- a political or religious organisation (excluding religious not-for-profits that deliver community services and faith-based schools);
- a state, territory or Australian government agency/entity (**including state schools who must apply via their Parents and Citizens associations**);
- an unincorporated association;
- an International Entity;
- involved with the tobacco, alcohol or gambling industries;
- an organisation that has already received sponsorship funding for the proposed event from the Queensland Mental Health Commission;
- an organisation with outstanding contractual or financial obligations for any Queensland Mental Health Commission funded initiatives/programs; or

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- an organisation subject to current or impending legal action which could impact its financial viability.

Please select below: *

Yes

You must confirm that all statements above are true and correct. Otherwise, you should not proceed with your application.

Your details

* indicates a required field

Privacy notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

CheckUP collects personal information to enable us to contact applicants and to assess the merits of applications.

CheckUP will collect and store the information you provide to enable the implementation of this grant program. Any information you provide will be stored and accessed only by authorised personnel and is subject to the requirements of the *Privacy Act 1988*.

Applicants must ensure that people whose personal details are supplied with applications are aware of how this information will be used.

By disclosing information about your organisation and/or your auspicing organisation, you give permission for your contact details to be:

- disclosed to the Queensland Government, including the Queensland Mental Health Commission and Queensland Members of Parliament.
- added to the Queensland Mental Health Week eNews mailing list.
- contacted by CheckUP for future promotions.

CheckUP does not sell or offer your personal details to third-party sources other than the above-mentioned. [View our privacy policy here.](#)

Your details

These details should be those of the person filling out the grant application. The email address provided should be the same as the email address used to log in to SmartyGrants. This will make it possible for us to verify your identity should you need to transfer application ownership over to someone else in your organisation.

Primary contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant

Position held in organisation *

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e.g. Manager, Board Member, Event Coordinator

Primary contact person's phone number *

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Primary contact person's alternate email (optional)

Must be an email address.

Secondary contact person

This person will be contacted about the grant if we cannot get in contact with the primary contact person.

Secondary contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Secondary contact person's phone number *

Must be an Australian phone number.

Secondary contact person's email *

Must be an email address.

Organisation details

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation name (must match entity name from ABN lookup above) *

Organisation Name

Please use your organisation's full name. Ensure it matches the "Entity name" field in the ABN Lookup above. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

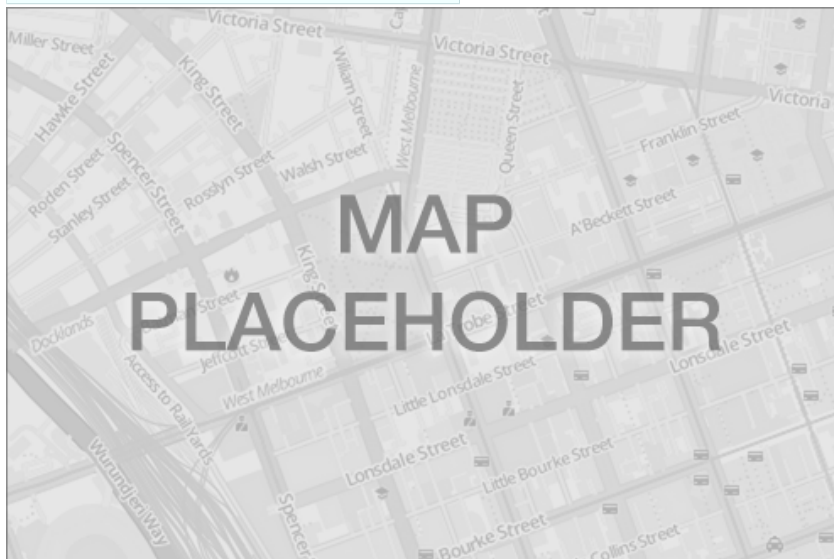
What type of organisation are you? *

- Company or association incorporated in Australia
- Charity or not-for-profit
- Trustee on behalf of a trust
- Local council
- Indigenous Shire Council
- Indigenous Knowledge Centre
- Aboriginal and/or Torres Strait Islander Corporation
- Parents and Citizens association
- Faith-based or independent school

Please choose the option that best applies to your organisation. Applications from consortia are acceptable and encouraged, but you must have a lead applicant listed on your grant application who is accountable to CheckUP for the delivery of grant activities and is an eligible entity as per the list above.

Primary address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Website address

Must be a URL

Applicant organisation bank account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please check this carefully as this is where the grant funds are to be deposited (unless you are being auspiced). It must be the organisation's bank account and cannot be a personal account. Bank account details are subject to verification.

Remittance email address *

Remittance advice will be sent to this email address upon payment of grant funds

Auspice information

* indicates a required field

Applications via auspice

If your organisation or group is not incorporated or covered by sufficient insurance, you could approach a sponsoring organisation. This is known as auspicing. All auspicing organisations must be incorporated or limited by guarantee and hold the appropriate type and level of insurance (including Public Liability Insurance) for the event/activities that are proposed in the grant application.

Responsibilities of the auspicing organisation are as follows:

- Accept the grant on behalf of the sponsored organisation
- Pay the grant to the sponsored organisation in accordance with the application
- Enable the sponsoring organisation to utilise their Public Liability Insurance
- Acquit the funding as required.

Is your organisation auspiced by another organisation for the purposes of this grant? *

No

Yes

Auspice letter

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Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

This letter can be brief. It should be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Auspice organisation contact person

Auspice organisation contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about the auspicing of this application

Position *

e.g. Manager, Board Member, Event Coordinator

Auspice organisation contact person's phone number *

Must be an Australian phone number.

Auspice organisation contact person's email address *

Must be an email address.

Auspice organisation details

ABN of auspice organisation *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

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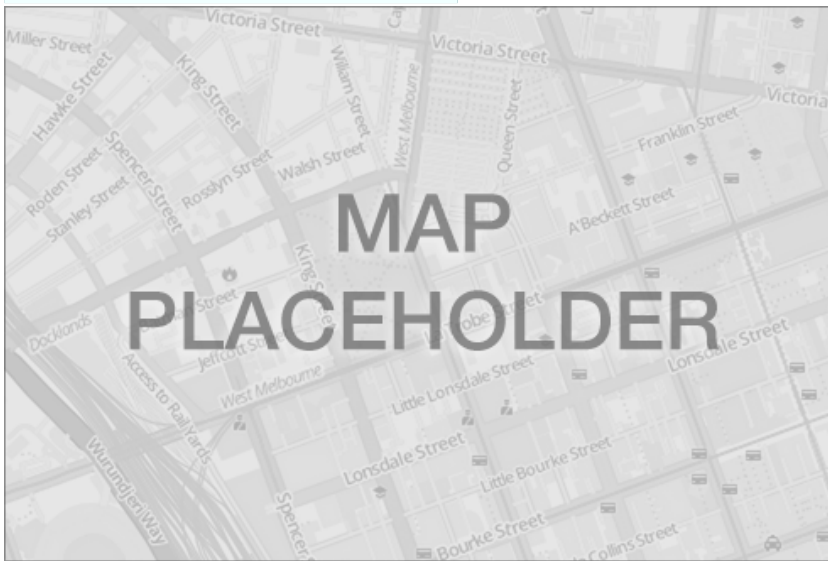
Auspice organisation name (must match entity name from ABN lookup above) *

Organisation Name

Please use the auspicing organisation's full name. Ensure it matches the "Entity name" field in the ABN Lookup above. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Auspice organisation primary address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice organisation website

Must be a URL.

Auspice organisation bank account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format. Please check this carefully as this is where the grant funds are to be deposited. It must be the organisation's bank account and cannot be a personal account. Bank account details are subject to verification.

Auspice organisation remittance email address *

Remittance advice will be sent to this email address upon payment of grant funds

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About your event

* indicates a required field

Event overview

Remember, funded event/s must be held in Queensland. They must occur during QMHW (Saturday 5 October to Sunday 13 October 2024), or another time during the month of October 2024. Funding is for one-off time-limited initiatives and is not intended for ongoing funding.

Event title *

Must be no more than 10 words.
Your event name should be short but descriptive.

Start date

If unknown, you can leave this blank.

End date

If unknown, you can leave this blank.

Location of event *

E.g. Town, city, regional area, or online

Postcode for where the event will take place *

Must be a postcode. If you are holding an online event, please enter the postcode where your office is located

Will your event be open to the public? *

- Yes
 No

This will affect the funding you are able to apply for.

Approximately how many people will this event involve (not including event organisers, staff, or volunteers who run the event or people from partner organisations)? *

Must be a number.
Estimated attendees/participants. This will affect the funding you are able to apply for. More information available in the [Grant Guidelines](#).

Available funding for private events

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As set out in the Grant Guidelines, private events are able to apply for a grant of \$500 (shown below). Private events are those that are not open to the public, e.g., events for schools, workplaces, specific community groups, etc. Your proposed budget will need to add up to \$500.

Requested grant funding

\$

This number/amount is calculated.

Available funding for small-scale public events

As set out in the Grant Guidelines, small-scale public events are able to apply for a grant of \$500 (shown below). Small-scale public events are those that are open to the public, with an estimated audience of fewer than 50 people (not including event organisers, staff, or volunteers who run the event or people from partner organisations). Your proposed budget will need to add up to \$500.

Requested grant funding

\$

This number/amount is calculated.

Available funding for medium-scale public events

As set out in the Grant Guidelines, medium-scale public events are able to apply for a grant of \$1000 (shown below). Medium-scale public events are those that are open to the public, with an estimated audience of 50 to 150 people (not including event organisers, staff, or volunteers who run the event or people from partner organisations). Your proposed budget will need to add up to \$1000.

Requested grant funding

\$

This number/amount is calculated.

Available funding for large-scale public events

As set out in the Grant Guidelines, large-scale public events are able to apply for a grant of \$2000 (shown below). Large-scale public events are those that are open to the public, with an estimated audience of over 150 people (not including event organisers, staff, or volunteers who run the event or people from partner organisations). Your proposed budget will need to add up to \$2000.

Requested grant funding

\$

This number/amount is calculated.

Event details

Please provide a short summary of the proposed event *

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Word count:

Must be no more than 150 words.

Be descriptive, but succinct. Here are a few prompts: Why do you want to host this event? Who is your target audience? What activities will occur? Where is your event going to take place?

How will your event help support the aims of QMHW? Detail how the event or activity will raise awareness of the importance of mental health and wellbeing, increase understanding of mental illness and recovery, and/or reduce the stigma and discrimination associated with mental illness. *

Word count:

Must be no more than 150 words.

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose the group/s that are at the heart of this event/initiative. You can start typing to use the search functionality.

Community support

Evidence of community support is highly regarded, as events with internal/external buy-in tend to be more successful. Please utilise the comment box below to briefly outline any community support for your application.

Examples of support may include:

- partnerships with other organisations to work together on the event
- a commitment from a committee to help organise the event
- volunteers who have put up their hands to help
- high participation numbers or positive feedback from QMHW events held in previous years
- interest from vendors or stall holders to participate.

What support do you have for your event?

Word count:

Must be no more than 150 words.

Response optional. You may like to use bullet points to outline support if you have more than one supporter.

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Funding

* indicates a required field

Requested grant funds

Requested grant funds

\$

This number/amount is calculated.

This is a fixed amount based on the type and size of your event.

Budget (GST exclusive)

Please outline your proposed use of the grant funds in the expenditure table below. There is an 'Add More' button that allows you to add additional rows to your budget. Please only add as many rows as you need as once rows are added they must be filled in. You can remove rows you do not require.

A full list of what funding can and cannot be spent on is available in the [Grant Guidelines](#). Remember, funding cannot be used to cover fundraising or the general operating costs of an organisation (e.g. staff wages).

Please note:

- your budget must balance (requested grant funds = total expenditure amount).
- you can **not add commas** to figures in the table - e.g. type 1000 not 1,000 - this will ensure your figures for each table total correctly.
- Quotes are not required.
- Only expenses over \$500 will require the submission of receipts during the grant acquittal

Expenditure item

Amount (\$)

Expenditure item	Amount (\$)
List the details of the expense.	Must be a dollar amount.
<input type="text"/>	\$ <input type="text"/>

Budget total

These fields are for your reference. When you finish your budget table, your total expenditure amount should match your requested grant funds and leave \$0 in unallocated funds.

If your unallocated funds are in the negative, you have listed expenses higher than the grant funding available. Please list only expenses intended to be paid for with grant funds and do not exceed the requested grant funds amount.

Requested grant funds

\$

This number/amount is calculated.

Total expenditure amount

\$

This number/amount is calculated.

Unallocated funds

\$

This number/amount is calculated.

Overarching event cost

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When determining your event plan and budget, you may want to consider how you can obtain more than one funding source.

For example, can your organisation commit to matching the grant funding dollar for dollar to increase the impact of your event? Can you request sponsorship of goods or come to an in-kind agreement with another organisation? Instead of putting some of the grant towards catering, can you get everyone to bring a dish or hold a sausage sizzle for a gold coin donation?

What is the approximate total budgeted cost of your event? This figure will be higher than the grant amount requested if your organisation is contributing funds or you are looking at multiple funding sources. *

\$

What is the approximate total budgeted cost (dollars) of your event? This figure may be higher than the grant amount requested if your organisation is contributing funds or you are looking at multiple funding sources.

Add any additional information you think we should be aware of in terms of your funding sources and budget.

Word count:

Must be no more than 150 words.

Additional information

Additional information

Is there anything else you would like the Assessment Panel to consider when assessing your application?

Word count:

Must be no more than 150 words.

Response optional.

You can upload any documents here

Attach a file:

A maximum of 3 files may be attached.

Response optional. The availability to upload a file is in response to feedback provided by applicants in previous years. Please keep in mind any key information you want the Assessment Panel to consider should be written in the text boxes provided.

Certification and feedback

* indicates a required field

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Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I am authorised to certify this application on behalf of my organisation and to the best of my knowledge the statements made within this application are true and correct. I also acknowledge:

- I have read the Grant Guidelines and my organisation will abide by them if we are successful in receiving funding.
- 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.
- My organisation has the capacity to run this event as proposed and will contact CheckUP immediately if we can no longer run the event.
- We will seek written permission for any major variations to the event.
- We will register the event listed in the application to the event calendar on the Queensland Mental Health Week website by Friday 20 September 2024.
- We will submit the required acquittal form, supplied by CheckUP and accessed through SmartyGrants before 11:59 pm Friday 15 November 2024.
- We will acknowledge the funding of the Queensland Mental Health Commission and the support of CheckUP on marketing materials and at the event as appropriate (logos will be supplied).
- We will be responsible for meeting the duty of care and all other obligations to event participants, volunteers and other stakeholders.
- We accept the terms and conditions of the grant in its entirety.

I agree *

Yes

If you cannot agree to these statements you must not submit the application.

Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer (as per your organisation's delegation of authority policy).

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Email *

Must be an email address.

Date *

Must be a date

Applicant feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

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Please indicate how you found the online application process: *

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Word count:

Must be no more than 100 words.