

Grants application form

SECTION 1: APPLICANT DETAILS

1.1 Organisation

Organisation name (the applicant)*

Website Address

1.2 Organisation address

Street address*

Suburb/town*

State*

NOTE: The event must be held in Queensland

Postcode*

1.3 Organisation ABN/ACN

What is the organisation's trading name?*

Is the applicant registered for GST?*

- Yes
 No

Applicant's ABN/ACN*

1.4 Key contact

First name/s*

Surname*

Primary phone*

Secondary phone

Email*

Email

Confirm Email

Confirm Email

1.5 Second contact

First name/s*

Surname*

Primary phone*

Secondary phone

Email*

Email

Confirm Email

Confirm Email

1.6 Public liability insurance

NOTE: This is a requirement for your event

Insurer*

Policy number*

Insurance Value (\$)*

SECTION 2: ELIGIBILITY

2.1 Applicant organisation's eligibility

NOTE: You must meet every requirement to be eligible

The applicant:

- is an incorporated body (including non-government organisations, local governments, and companies), not an individual
- is not a political or religious organisation (religious schools excepted)
- 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
- has registered the event on the Queensland Mental Health Week website

We meet all of the above requirements*

I agree

2.2 Eligible QMHW events or activities

NOTE: Your event must meet every requirement to be eligible

Our proposed event or activity:

- does not promote or involve the use of alcohol or other drugs
- 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
- 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 involve funding to a third party to implement the event or activity
- does not include product endorsements
- recognises and respects diversity of individuals, families, communities, and culture
- is not considered high risk or contravenes the Commission's policies or policy intent

Our event/activity meets all of the above requirements*

I agree

SECTION 3: GRANT PROPOSAL

3.1 Summary of proposed QMHW event or activity

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 (\$)*

All amounts must EXCLUDE GST.

- 500
- 1000
- 1500
- 2000
- 2500

Summary description of the event/activity*

0 of 750 max characters

3.2 Assessment criteria

Detail how the event or activity will maximise 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.*

0 of 1500 max characters

3.3 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

SECTION 4: BUDGET

Please complete your proposed expenses budget for the event/activity using the table below*

Please add as many rows as you require. Use whole dollar amounts without a \$ sign and input amounts EXCLUDING GST. This should add up to the amount of total funding you have requested, up to the maximum of \$2500.

Description of expense	\$ Amount (excluding GST)	
<input type="text"/>	<input type="text"/>	⊕ ⊖
<input type="text"/>	<input type="text"/>	⊕ ⊖
<input type="text"/>	<input type="text"/>	⊕ ⊖
<input type="text"/>	<input type="text"/>	⊕ ⊖
<input type="text"/>	<input type="text"/>	⊕ ⊖

Total (excluding GST): \$0

SECTION 5: CERTIFICATION


Name in full*

Position in organisation*

Date*

Date Format: DD slash MM slash YYYY

CAPTCHA

 I'm not a robot  reCAPTCHA
Privacy • Terms

Consent to form submission*

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.

I agree