#### Introduction

#### About our Sponsorship Program

The Commission's Sponsorship Program takes the form of a one-off and non-recurrent funding payment of **up to \$10,000** with additional in-kind support and promotion of the event (if requested by the organisation).

The Commission is committed to supporting one-off events that:

- support one or more specific outcomes under <u>Shifting minds: The Queensland</u>
   <u>Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan</u>
   <u>2023-2028</u>;
- encourage and contribute to knowledge sharing and exchange about what works to improve the mental health and wellbeing of Queenslanders;
- contribute to the Commission's objectives; and
- promote the Commission's activities.

Examples of eligible events include conferences, symposiums, single or multi-day workshops (not extended programs), art exhibitions, and concerts, noting that they must clearly support the promotion of one or more outcomes under *Shifting Minds* and meet all other required criteria.

Note: As specified in the <u>Queensland Government Sponsorship Policy</u>, sponsorships are different to grants (where there is limited provision of benefits to the Queensland Government and the Commission). Information about any grants currently offered by the Commission are available at this link.

#### **Funding limitations**

Organisations may apply for Sponsorships up to \$10,000 (excluding GST).

The Commission may very occasionally consider supporting Sponsorships up to a maximum of \$20,000 (excluding GST), but this type of request will not be supported in full if funding for the round or financial year is limited/exhausted or would disadvantage other applicants.

- Your proposed event must not be reliant on the Commission's sponsorship funding.
- no applicant can be guaranteed sponsorship funding, nor can any applicant be guaranteed to receive the full amount requested.
- sponsorship from the Commission is provided on a one-off basis, is drawn from a limited budget allocation, and should not be relied on for the continuity of your event.
- any funding provided under the sponsorship may not be used for:
  - daily operating costs such as staff wages;
  - grants given out by your organisation through another program;
  - product or other endorsements;
  - ex gratia payments;
  - donations or gifts (excluding speaker gifts);
  - the purchase of advertising space, editorial comments or other advertorials; or
  - to enable the organisation's staff to attending training courses or other professional development.

## Sponsorship Application Form

#### **Timeframes**

To assist the Commission to effectively administer the Sponsorship Program, your event should ideally take place within six months of the round quarter you apply for.

Please note that applications for events planned too far in the future may not be approved due to limited/exhausted funding or where other applicants in the round would be disadvantaged. In this case, your organisation would be welcome to apply closer to the planned event date.

Late applications or amendments to applications will not be accepted by the Commission.

Please note that applications for events with no scheduled or proposed dates will not be progressed to the Evaluation Panel.

#### Eligibility

\* indicates a required field

#### Organisation Eligibility

All items are mandatory and must be passed to continue with this application. Please make a selection for each item to indicate that your organisation:

is an incorporated body (including companies and statutory authorities) *  O Yes  Please note that applications from individuals will not be accepted.	
Is not an individual or a sole supplier * ○ Yes	
does not accept any form of funding from tobacco and alcohol companies or the related foundations, either directly or indirectly *  O Yes	heir
is not an Australian state or territory government agency * ○ Yes	
Event Eligibility	

Please tick the relevant boxes to indicate that the event:

### is being held within the next 6 months \* O Yes

If the proposed event does not fall within the next 6 months, we recommend that you apply for the quarterly sponsorship round closest to the event date. Information on Sponsorship rounds can be found on the QMHC website: https://www.qmhc.qld.gov.au/about/funding/sponsorship

is a one-off event and not a long-term project/program *  O Yes
i.e. an exhibition or concert, conference, or consecutive workshops held over a short time period within the following quarter are considered eligible; a 6-12 month program would not be considered eligible under this Program
does not promote or involve the use of tobacco, alcohol or other drugs *  O Yes
if unsure if your organisation would be ineligible for this reason, please select Other and include additional information for the Evaluation Panel to consider
does not include product endorsements *  O Yes
recognises and respects diversity of individuals, families, communities or culture *
○ Yes
does not include funding for capital works, infrastructure projects, or major equipment/asset purchase *  O Yes
does not support fundraising or the general operating costs of an organisation *  O Yes i.e. base staff wages
is not considered high risk or contravenes the Queensland Mental Health Commission's policies or policy intent *  O Yes
i.e. event carries a high risk of reputational damage for the organisation or the Commission, or a high risk of any kind to audience/participants
does not involve advancement or promotion of a political organisation, or a political view of the government's legislative role *  O Yes
does not involve advancement or promotion of a religion or religious outlook, or the recruitment of people to a religion * $_{\odot}$ Yes
does not request for the Commission to fund a third party to implement the event *
O Yes i.e. an event planner; the organisation and its employees/volunteers must plan and carry out the event
is covered by appropriate public liability insurance *  O Yes
Please include details on the next page

### Organisation Details

\* indicates a required field

Organisation Name * Organisation Name		
Organisation ABN *		
The ABN provided will be us check that you have entered	sed to look up the following information. Click Lood the ABN correctly.	kup above to
Information from the Australia	n 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.		
Street Address *		
Address		
Postal Address * Address		
Address		
Website		
Must be a URL.		
CEO/Manager * Title First Name	Last Name	
THE THE INCHISE	Lust Nume	
Person authorised to sign/acce	pt an approved Sponsorship Program notice or letter	

CEO/Manager's preferred pronouns (optional)

Phone Number *
Must be an Australian phone number.
Email *
Must be an email address.
Contact person for approved event *
Title First Name Last Name
May be the same as the CEO/Manager if required for your organisation
Contact person's preferred pronouns (optional)
Phone Number *
Must be an Australian phone number.
Email *
Must be an email address.
Public Liability Insurance
Insurer *
Policy Number *
Tolicy Number
A copy of your certificate of currency may be requested by the Commission if your application is approved
Amount covered *
\$ Must be a whole dollar amount (no cents).

### **Event Details**

\* indicates a required field

Proposed event title *
Must be an event; applications for long-term programs are not eligible for the Sponsorship Program
Type of event *
Type of event
Use this field to identify the type of event you are seeking sponsorship of. Types can include: conferences, symposiums, single or multi-day workshops (not extended programs), art exhibitions, and concerts,
Brief description of the event *
Must be no more than 25 words. For the Evaluation Panel's quick reference and inclusion in application outcomes and future communications
Start Date *
Event should start within the next three months, following the current round quarter
End Date *
Event should end within the next three months, following the current round quarter. For one-day events, please enter the same date as the Start Date
Additional comments regarding event date/s (optional)
Please include a detailed justification if applying for events planned in the next 6-12 months, and not within the next quarter (i.e. planning or venue booking impacts tied to the sponsorship funding amount)
Location/s where initiative will occur *
Please include town or city names within Queensland; interstate, international and online-only events are not eligible for the Sponsorship Program
Please identify which target group/s this proposed event will target: *  People experiencing mental ill-health People who use alcohol and other drugs People who are experiencing suicidal distress Addressing workforce capacity and capability issues People living in rural, regional and remote areas First Nations people Children (17 years and under) Young people (18-25 years) Older people LGBTQIA+ people People from culturally and linguistically diverse backgrounds Carers and supporters of people with lived experience At least 1 choice must be selected.

Events which do not support at least one of the target groups cannot progress past this question

Event alignment to outcomes under Shifting Minds 2023-28 *    Strengthen mental health and wellbeing     Getting in early     Advance First Nations health equity     Accessible, coordinated and integrated support, care and treatment     Person-led, trauma-informed and culturally responsive care     Active social and economic participation     Shifting our approach     Enable change     Collective responsibility     Events which do not clearly support at least one of the outcomes cannot progress past this question
Please clearly outline how the event will support the selected outcomes under Shifting Minds 2023-28 *
Word count:
Must be no more than 500 words. Please address each outcome separately, to assist the Evaluation Panel during the assessment stage
Please describe your organisation's experience and capacity to deliver the proposed event, including at least one example of a successful event you've hosted previously *
Word count: Must be no more than 500 words. For newer organisations, please provide some examples of your current work and outcomes relating to the improvement of mental health for Queenslanders
Please list the details of any partner organisations who will be participating or contributing to the event (including other funding partners) *
Word count:  Must be no more than 500 words.  Please enter NIL if no partners are involved in the event

### **Financial Details**

\* indicates a required field

Total amount requested (excluding GST) *
\$ Please enter a whole number up to \$10,000 for standard Sponsorships; for amounts requested above
\$10,000 please provide more information below
Please list the proposed event expenses to be funded by the Sponsorship payment (if approved) *
Word count: Must be no more than 500 words. i.e. venue hire. Excluded and ineligible items will not be funded/will be excluded from any approved sponsorship amount.
To request a Sponsorship amount above \$10,000 (and up to a maximum of \$20,000), please provide additional justification for the Evaluation Panel to consider, including details around increased event scale/target groups/duration etc
Word count: Must be no more than 500 words. As per the information provided in the introduction, requests for funding over \$10,000 may not be approved due to budget limitations
I confirm that my organisation is able to appropriately manage any funding received through the Sponsorship Program and has a suitable governance framework in place *  O Yes
Please note that the Commission may request evidence to establish your organisation's suitability
Promotional Details
* indicates a required field
Promotional support requested from the Commission *  □ Promotion of the event on the Commission's social media channels □ Promotion of the event on the Commission's website (limited availability) □ Use of the Commission's logo for the event (digital and/or print media) □ Permission to name the Commission as a principal sponsor/sponsor □ None
At least 1 choice must be selected. The Commission will share event information on appropriate social media channels, as determined by the Communications and Engagement Team
In-person support requested from the Commission *  Commissioner attendance - Opening speech

<ul> <li>□ Commissioner attendance - Keynote speaker</li> <li>□ QMHC staff representatives - Panel discussion and/or plenary session</li> <li>□ QMHC staff representatives - Trade exhibition booth</li> <li>□ QMHC staff representatives - General/audience only</li> </ul>
<ul> <li>☐ None</li> <li>At least 1 choice must be selected.</li> <li>A QMHC staff representative may attend in the Commissioner's place if unavailable</li> </ul>
If your organisation has extended an invitation to the Commissioner or QMHC staff representatives to attend a sponsored event in-person, please kindly note that you must send a separate invitation through to the Commission mailbox to make arrangements for speaking/attendance (including RSVPs). *  Agree
For ticketed events, please indicate if complimentary tickets/registration will be provided for QMHC attendees and provide details (including quantity and type)
Required for Queensland Government gifts and benefits reporting
For ticketed events, please indicate the face value of the tickets/registration to be provided (unless free for attendees)
Required for Queensland Government gifts and benefits reporting
Please provide any additional comments here (optional)
Word count: Must be no more than 500 words.

### **Supporting Materials**

#### Guidance

There are no mandatory supporting documents that must be supplied with your application.

All supporting materials that you choose to upload below must be labeled with your organisation's name, address, and be clearly related to your Sponsorship application.

This may include:

- Copy of the proposed event agenda and/or program
- Letters of support from organisations in your community that provide relevant comment supporting your application
- Confirmation of venues and evidence of interest from stakeholders/target groups that demonstrate community demand for your event

Note: Letters of support must include an original signature or contact details of the author and be provided in PDF format

Supporting document 1 Attach a file:	
Attach a nie:	
A maximum of 5 files may be attached.	
Supporting Document 2	
Attach a file:	
Comparation Decreased 2	
Supporting Document 3 Attach a file:	
Supporting Document 4	
Attach a file:	
Supporting Document 5 Attach a file:	
Submission and lodgement	
* indicates a required field	
Certification	
I confirm that the statements in this application are trubest of my knowledge, and that where relevant, any co to other authors/sources, and/or artistic contributors has acknowledged *  O Yes	ntributors, references
I consent to information in this application being used testing, and/or process improvement purposes by the C $\odot$ Yes	
I give permission for the Commission to provide this ap as required, such as external members of the Evaluatio employed outside the Commission, or SmartyGrants systechnical assistance *  Yes	n Panel who may be
I confirm that I am authorised to submit this application organisation, and have sought approval from the appro	

i.e.CEO/Manager as named in the Organisation Details; this is the responsibility of the organisation/

submitting offcer and is not determined or guided by the Commission

Yes