



2018 Mental Health Week Small Grants Application Form

This application form is identical to the one online but has been created for those who would like to submit an application via the post. Before you apply for a Grant, please review and confirm your group or organisation is eligible and meets the selection criteria. Details of this can be checked by downloading the Events Planning Guide for 2018.

The 2018 Mental Health Week Small Grants program opens 9:00am on Monday, 18 June 2018 and closes 5:00pm AEST on Monday, 16 July 2018

All Grant applicants must register their 2018 event on the MHCT Mental Health Week event website, visit <http://www.mhct.org/mentalhealthweek/mhwregistration/>

Selection Criteria

Small Grants applications will be reviewed and assessed by the MHW Selection Panel. The funding process is competitive and your application will be rated against the following selection criteria. Please also note, your requested funding amount may not be available, and another amount may be allocated, should your Small Grant be successful.

1. Meets all necessary requirements, including incorporating the 2018 MHW theme, 'Stronger Together' (compliance)
2. Willingness to explore collaboration and partnership with other organisations/agencies on the event, in particular those targeting the same audience and in the same location (collaboration)
3. Innovation and creativity of the event concept (innovation)
4. Demonstrated clear targets around population size and audience (impact)
5. Demonstrated clear promotional planning and methods (promotion)

Once you have completed the application, please post too

Brittany Szlezak
Mental Health Council of Tasmania
Level 1, 131a Collins Street
Hobart, 7000 TAS

If you have any questions, please contact Brittany on 6224922 or at bszlezak@mhct.org

General information *(all these fields are compulsory)*

Organisation/ Group:

Organisation website:

Event target Audience (for example, LGBTI, CALD, youth, rural / remote community)

Key contact name:

Event holder postal address:

Contact person email:

Phone:

Address (full postal address):

Your MHW Event

Event Description

Please provide a brief description of your proposed Mental Health Week event or activity (including your event name) *please use the space provided for summary*

Event Goals

Describe your event objectives/goals and how you plan to achieve them *please use the space provided for your goals*

Grant Amount

Please advise the MHW Small Grant amount are you applying for (circle amount)

\$500

\$750

\$1000

\$1500

\$2000

Event Timing

Date, time and location of your event *please note, events must be held within the Mental Health Week period 7-13 October, or directly before or after the period*

Event Location

Event Attendance

How many people do you expect to attend your event?

Event Partnerships

Please describe any partnerships/collaboration with other organisations or agencies on this event (please provide organisation's name)

Event Promotion

How do you plan to promote your MHW event to ensure its success, including targeting community members not already engaged with or linked to mental health services/sector?

Event Theme

How to you plan to promote your MHW event to ensure its success, including targeting community members not already engaged with or linked to mental health services/sector?

Other information

Are you happy to complete the official MHW Small Grant Evaluation and Acquittal form after your event?

| | |
|-----|----|
| Yes | No |
|-----|----|

Will your MHW event / activity be covered by Public Liability Insurance?

| | |
|-----|----|
| Yes | No |
|-----|----|

Application Compliance and Checklist. Please tick all of these boxes to show you agree to these terms

| | |
|---|---|
| <i>I acknowledge.....</i> | ✓ |
| I have completed all parts of the application form | |
| I have included a budget | |
| I have indicated the Small Grant amount I am applying for | |
| That if I am successful in receiving a Mental Health Week grant I am prepared to stage my event during Mental Health Week (7-13 October 2018) unless otherwise agreed upon with the Mental Health Council of Tasmania | |
| That if I am successful in obtaining a grant it has been awarded on the merit of this application therefore if there are any changes to my event following submission of this application OR receipt of a MHW grant I will inform the Mental Health Council of Tasmania of these changes as a matter of priority | |
| That where there are significant changes to my event application the selection panel have the right to review allocation of grant funding based on those changes | |
| That where there are significant changes to my event application the selection panel have the right to review allocation of grant funding based on those changes | |
| That the selection panel have the right to consider equitable distribution of funds across the state in their assessment of grant applications | |
| That the selection panel may offer partial funding and/or attach conditions to the allocation of grant funding | |
| That if my application is successful I will nominate ONE key contact from the event to liaise with the Mental Health Council in relation to event matters | |
| That if successful I will be required to provide evidence of appropriate acquittal of funding | |
| I acknowledge that if successful I will be required to evaluate my event and provide a summary of the evaluation to MHCT within two months of 2018 Mental Health Week | |
| That if successful in receiving a grant I MUST display the Mental Health Council of Tasmania logo and the State Government logo on promotional material and adhere to the Mental Health Week theme guidelines in the promotion of my event (please see www.mhct.org/mentalhealthweek for theme guidelines in the media and event kits) | |

Submitting For A Grant

By providing your signature, your organisation is agreeing to the below statements.

**Applications that do not sign their application by a representative of their organisation will be deemed ineligible.*

Applications which are not successful will be notified via email and can be contacted for further upon request. All applications will be assessed by a selection panel comprising of MHCT Media and Communications Lead, A representative from The Mental Health Drug and Alcohol Directorate, a consumer representative and a carer representative. Successful Grant recipient organisations will be notified and asked to provide MHCT with an invoice for the Grant amount, plus GST and including your organisation's banking details. Once this is received the payment will be processed by MHCT by electronic funds transfer. We aim to have funds deposited to successful applicants by early August.

I agree to the above conditions of the application process and can assert that all information provided in this application is true and accurate at the time of submitting.

Signed:

Print Name:

Organisation/Group :

Date:

*Please be advised that MHCT will include all grant applicants on the MHCT mailing list to receive updates and information on the mental health sector.

SUPPORTED BY



Tasmanian
Government

The Mental Health Council of Tasmania is proudly supported by the Department of Health and Human Services, who have provided the available 2018 Mental Health Week Small Grant funding.