



## Successful Applicants

### Declaration of agreeance with Grant Terms and Conditions

This form is to be signed by the applicant and returned no later than **Monday 30 July 2019**. Please submit signed declaration to: [communications@mhccact.org.au](mailto:communications@mhccact.org.au)

**In receiving a Mental Health Month Reimbursement Grant, I acknowledge the following:**

1. I agree to plan and stage the event **during the month of October 2019** and will advise MHCC ACT as soon as possible if the event cannot proceed for any reason.
2. I agree to **notify MHCC ACT of any changes to the project** that cause the event to deviate from details provided in the funding application. I also agree to notify MHCC ACT of any late changes (such as change of venue) so that information can be relayed to prospective attendees via the website.
3. I agree to promote my event as part of Mental Health Month in the ACT 2019 by **including the Mental Health Month ACT logo on all event promotional materials** (including posters, flyers, webpages, registration forms, event invites etc.) and acknowledging the funder in all promotional copy. (See the Grants Program Application Package for more details and suggested examples).
1. I agree to use grant funding only for the purposes outlined in the approved event budget. I understand that **grant funding cannot be used for any activities that can be considered 'core business'** of your organisation.
2. I confirm that have read the [Grant Program Application Guidelines](#) carefully and that **my grant-funded event meets those guidelines, terms and conditions...**

Name of Organisation: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position within Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_