**Mental Health Month ACT Reimbursement Grant Application Form**

Thank you for your interest in the Reimbursement Grants Program.

For the purposes of streamlining the application process in the future, **we encourage you to submit your Reimbursement Grant application using the simple online form on our website at** [**https://www.mentalhealthmonthact.org/grantapplication**](https://www.mentalhealthmonthact.org/grantapplication)**.** Alternatively, please complete this form and email back to Maddie at [communications@mhccact.org.au](mailto:communications@mhccact.org.au).

Please read the Application Guidelines on the Mental Health Month ACT website carefully before completing your application.

Application [MHM Grant Guidelines](https://672a3389-a952-40b4-8a1c-bad8a71186d1.usrfiles.com/ugd/672a33_116c657ee6e0478a9deed8e4d134c2b9.pdf)

To complete this application, you will need:

* Project plan, event timeline, run-sheet etc.
* A completed budget table. You can download a budget table template here: <https://www.mentalhealthmonthact.org/grants-program>
* Enthusiasm!

For inquiries about the program, the events funded or to request a Word version of the below form, please contact [communications@mhccact.org.au](mailto:communications@mhccact.org.au)

**Contact Details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Organisation Name** |  |
| **Email Address** |  |
| **Phone** |  |
| **Website** |  |

I do not wish to have the event included in the 2020 Mental Health Month event program booklet.

*If you checked this box, please explain reasons why you don't want your event included in the Mental Health Month ACT event program booklet below.*

|  |
| --- |
|  |

I agree to hold the event during October 2020 and will advise MHCC ACT as soon as possible if the event cannot proceed as planned. This includes notifying MHCC ACT of any late changes including change of venue; time; speakers; format etc.

I agree to contact MHCC ACT and seek written approval before modifying the event significantly from the original proposal outlined in the approved application.

**Please list the amount of funding requested to a maximum of $1000.**

|  |
| --- |
| $ |

**Does your event specifically target any of the following groups?**

Culturally and Linguistically Diverse communities (CALD)

Lesbian, Gay, Bisexual, Transgender and Intersex communities (LGBTI)

Aboriginal and Torres Strait Islander Australians (ATSI)

People with a disability

Young people aged 12 -25 years

Adults over 65 years

Children of parents affected by a mental illness (COPMI)

General community

**Compliance Questions**

This application is not seeking a reimbursement for staff wages

**Has this event been specifically created for Mental Health Month?** YES / NO

**If this event does not receive a reimbursement grant, will it still proceed?** YES / NO

**Event Brief**

|  |  |
| --- | --- |
| **Official name of event (to be included in the Mental Health Month ACT event program)** |  |
| **Location of event/venue** |  |
| **Date and Time** |  |
| **Expected attendance** |  |
| **Description of event – PLEASE ATTACH A DETAILED PROJECT PLAN, TIMELINE OR RUN-SHEET IF YOU CAN.**  Include: target audience, event format, timetable/run-sheet, guest speakers if any, material covered, activities to be undertaken, etc.  Please note: Applicants are encouraged to include as much detail as possible to demonstrate the level of planning undertaken. |  |
| **How will you promote the event?** |  |
| **What are the organisation's objectives in running the event?** |  |
| **Are you partnering with another organisation/s to coordinate the event? If so, please provide details.** |  |

The objectives of Mental Health Month in the ACT are:

1. To raise community awareness and understanding of mental illness
2. Reduce the stigma and discrimination associated with mental illness
3. Promote positive mental, physical, social and spiritual health and wellbeing in the community
4. Encourage people to seek-help and practice self-care
5. Provide information about mental health and wellbeing and increase awareness of local services

**How does your event meet one or more of these objectives?**

|  |
| --- |
|  |

**I have attached a detailed project plan, timeline or run-sheet to this application**

**I have attached an event budget table to this application (Applications that do not include a budget will not be considered.)**

**Agreement**

**If I am successful in my application for a Mental Health Month Reimbursement grant and I am not able to hold the event during October 2020 or I need to modify the event, I agree to notify the Mental Health Community Coalition ACT (MHCC ACT) in writing as soon as possible and before the event proceeds.**

**I acknowledge that I have read the reimbursement grant guidelines and that this application meets those guidelines.**

**Signature**

|  |
| --- |
|  |

**Today’s Date**

|  |
| --- |
|  |