

# 2024 Social and Emotional Wellbeing (SEWB) Program - Application Form

Form Preview

## 1. Applicant Details

\* indicates a required field

### Funding Application 2024

**The Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA) is seeking proposals for initiatives that are co-designed with local leadership to improve mental health and social emotional wellbeing outcomes, reduce harm and increase safety associated with alcohol and other drug (AOD) use, and reduce rates of suicide in Aboriginal and Torres Strait Islander communities.**

This template is a guide to assist applicants to provide relevant and concise information in alignment with the funding guidelines. Attachments may be added to support this template. Audio visual proposals, including pictures, diagrams and presentations will be accepted if all relevant information is included.

**Applicant \***

Organisation Name

**Applicant ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Address \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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**Phone Number \***

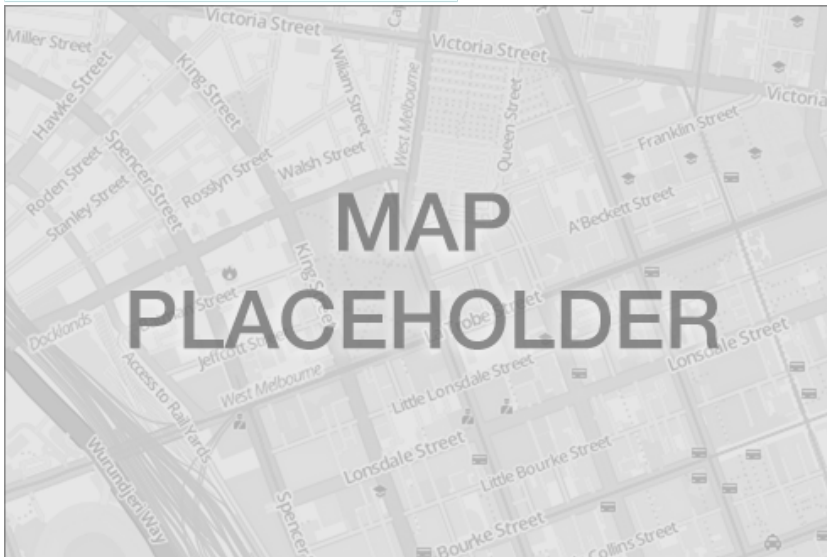
Must be an Australian phone number.

**Email \***

Must be an email address.

**Postal Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

**Mobile Phone Number \***

Must be an Australian phone number.

**What is the applicant's legal entity type? \*****Provide any additional information here: \***

## 2. Program details

\* indicates a required field

### 2.1 Name of Program \*

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Provide a name that briefly describes the program

### 2.2 In which community or communities will the applicant deliver the Program? \*

### 2.3 Aims and objectives \*

Please provide a brief description of the key aims and objectives

### 2.4 Program alignment with priority areas \*

- ☐ Improve mental health and social and emotional wellbeing
- ☐ Reduce harm and increase safety associated with alcohol and other drug (AOD) use
- ☐ Reduce rates of suicide
- ☐ All of the above

At least 1 choice must be selected.

### Please provide relevant information that supports your selection \*

This work supports priority reforms and targets identified in the National Agreement on Closing the Gap, and actions under the whole-of-government Shifting minds: Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028 and its two associated sub-plans; Every life: The Queensland Suicide Prevention Plan 2019-2029 and Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027

### 2.5 Key activities \*

a) Provide a brief description of the key activities (e.g. youth programs to improve mental health and social and emotional wellbeing). b) Demonstrate how the project is strengths-based, supports the pursuit of First Nations excellence, and strengthens cultural identity and sense of belonging. c) Please complete the Activity Plan (Appendix A).

### 2.6 Is the Program targeted towards a particular cohort? \*

- ☐ Yes
- ☐ No

**If yes, provide details on why the Program is targeting this group of people with a shared characteristic**

### Schedule commencement \*

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Must be a date and no earlier than 1/7/2024.  
Insert date DD/MM/YYYY

### Schedule end date \*

Must be a date and no later than 30/6/2026.  
Insert date DD/MM/YYYY

As per the EOI Fact Sheet, it is expected that programs will be completed by 30 June 2026.

### 2.7 Please provide relevant comments in relation to the timeframe noting that, if successful, this information will inform the development of a Funding Agreement between the Applicant and DTATSIPCA. \*

### 2.8 Program Rationale a) Please describe how the Program will use evidence-based, trauma-informed, health focused approaches to address the underlying causes of the priority area(s) identified in 2.4 that you are intending to address. \*

### 2.8b) Please describe how the Program will demonstrate an understanding of culturally appropriate models of care and First Nations concepts of social and emotional wellbeing. \*

(Please include supporting data and relevant research to inform your approach).

### 2.8c) Please outline your intended outcomes (must be measurable)

Please use SMART measures - Specific, Measurable, Achievable, Realistic, Time bound

### 2.9 Please indicate how the Program will manage sustainability

- ☐ extends existing service delivery at risk of ending
- ☐ enhances existing service delivery
- ☐ newly established initiative

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**a) Please provide information on how the Program will achieve funding sustainability beyond the funding period.**

The funding provided through this grants round will be one-off and time limited.

**b) Applicants are required to identify any potential risks to program delivery in the Risk Register at Appendix B. How will the risks you have identified in Appendix B be managed?**

### 3. Commitment to Closing the Gap (CTG) and reframing the relationship principles, governance arrangements, and partnerships

\* indicates a required field

#### 3.1 Demonstrated commitment to Closing the Gap (CTG) and reframing the relationship principles and local partnership arrangements

**a) Demonstrate support for your proposal from local First Nations leaders as per the principles of CTG and reframing the relationship (e.g., support letters, joint signatures, emails, shared goals). \***

Attach a file:

A minimum of 1 file must be attached.

**b) How will engagement and oversight from local First Nations leaders be embedded for the duration of the Program? \***

e.g., governance mechanisms, workforce strategies, performance reporting, etc.

**3.2 Program Evaluation: Do you provide consent to participate in a formal evaluation coordinated by the Queensland Mental Health Commission with Aboriginal and Torres Strait Islander communities using decolonising methodologies and the principles of data sovereignty?**

- ☐ Yes  
☐ No

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## 4. Program Funding

\* indicates a required field

\*\* Available grant funding is inclusive of GST and should be reflected accordingly in the budget.

Purchase of vehicles and major capital works are not in scope for grant funding. If vehicles are required,

- Leasing arrangements should be considered for time limited activity/service delivery.
- Information on how ongoing costs to maintain the asset will be absorbed by the applicant should be included.

If application is successful, funding will be released in instalments as per an agreed payment schedule in a Funding Agreement between the successful applicant and DTATSIPCA.

### 4.1 How much funding (inclusive of GST) is the applicant seeking for this Project?

\*\* \*

Please advise of all budget considerations and, if applicable, expected payment schedule to support commencement of activity, services, start up costs etc. \*

Examples of budget items may include but are not limited to:

- 1 x FTE Project Coordinator
- Promotional material
- Operational activity costs
- In-kind support (e.g. administration fee, vehicle use)

Note: A maximum of \$400,000 (including GST) is available per application.

### Budget

Budget item - description	Amount
	\$
	\$
	\$
	\$
	\$

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	\$
	\$
	\$

Budget Totals

**Total Amount**

\$

This number/amount is calculated.

**4.3 Will the applicant employ staff to deliver the Project? \***

- ☐ Yes (see below)  
☐ No (see section 4.4)

**If yes, please provide total number and details such as: Position title, FTE, etc.; Strategies to support local employment and professional development of staff; How will your Program support local workforce development?**

Note: Potential risks associated with recruitment and retention will need to be addressed in the Risk Register (Appendix B).

**4.4 Capacity to effectively deliver the Program - please provide details on the capacity, skills, and experience of the proposed provider to effectively deliver the program \***

**Please provide information that demonstrates organisational experience and current capacity to ensure timely delivery of the Program and achievement of intended outcomes. \***

**Why is the organisation the preferred local provider? \***

**For fly in-fly out organisations, how will the Program support a staged and supported transition to local service providers in the medium to long term?**

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### 4.5 Governance arrangements and capacity to manage, deliver and monitor the Program.

**Please describe proposed governance structure and oversight arrangements to ensure the Program will be delivered as intended and all requirements will be met. \***

Please include: Governance structure, evidence of sufficient insurance (as per EOI Fact Sheet), risk management plans

#### **Governance Structure \***

#### **Evidence of sufficient insurance \***

Insurance requirements can be found on the EOI Fact Sheet

#### **Risk management plans \***

Potential risks and delays should be detailed in the Risk Register (Appendix B) with an explanation about how these risks will be managed.

### **4.6 Does the applicant plan to sub-contract any or all of Program delivery to another organisation or individual? \***

- ☐ Yes\*\*\*  
☐ No

**If yes, please confirm consideration has been given to the sub-contractor receiving the funding directly from DTATSIPCA, and a rationale for why the proposed provider will be the funds holder.**



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**Sub-contractor**

☐ Individual                      ☐ Organisation

Organisation Name

Title              First Name              Last Name

**ABN**

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ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

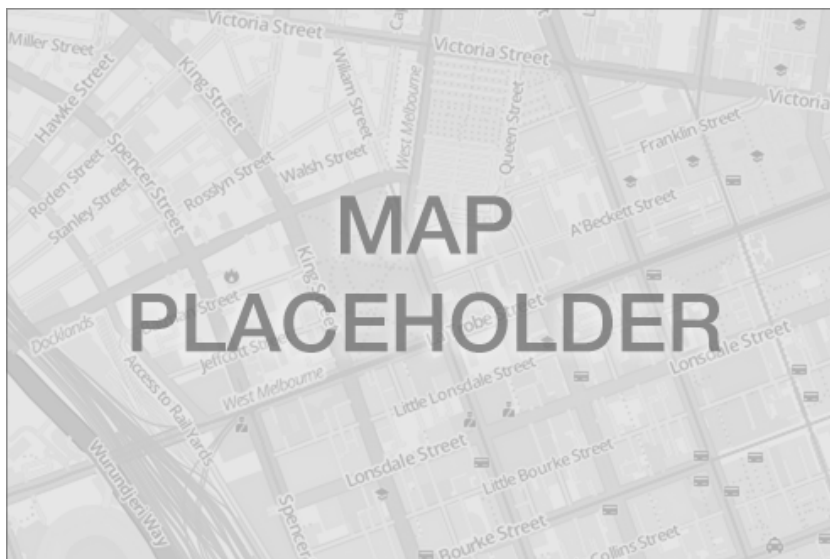
Must be an ABN.

**Address**

Address

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### Phone Number

Must be an Australian phone number.

### Email

Must be an email address.

### Postal Address

Address

\*\*\* An applicant may determine that Program delivery is best achieved through a subcontracting arrangement. If the application is successful, the Applicant will be offered a Funding Agreement as the lead agency and held liable for all obligations contained in the Funding Agreement's terms and conditions. This includes program delivery, monitoring, management, financial performance, service outcomes, and provision of insurance coverage. Sub-contractors do not enter into a Grant Agreement with DTATSIPCA. The applicant may be required to provide a copy of the sub-contracting arrangement to DTATSIPCA.

**4.6 How will the proposed Program build on investment from other partners? (e.g., Commonwealth Government, Queensland Health, and the Queensland Aboriginal and Islander Health Council) \***

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Please provide an overview of relevant investment from other partners and how this funding will support (not duplicate) existing or planned investment.

## 5. Appendix A: Activity Plan

The Social and Emotional Wellbeing Program will be co-designed with local leadership in one or more Aboriginal and/or Torres Strait Islander communities to support one or more of the following priority areas:

- improve mental health and social and emotional wellbeing;
- reduce harm and increase in safety associated with alcohol and other drug (AOD) use;
- reduce rates of suicide.

**Please download and complete the attached [Activity Workplan](#) and then upload the completed form below.**

### Completed Activity Work Plan

Attach a file:

## Appendix B: Risk Register

\* indicates a required field

### Instructions:

1. Please list all potential risks that could impact on meeting Program deliverables. Risks may include recruitment, infrastructure, resourcing, managing community expectations of time-limited activities, ability to secure ongoing funding, etc.
2. Assess risks to determine consequences and likelihood of occurrence.
3. Develop mitigation action plans to counter each potential risk.

**Please download and complete the attached [Risk Register](#) and then upload below.**

### Completed Risk Register \*

Attach a file:

A minimum of 1 file must be attached.

