Mental Health Child, Youth and Family Application Form
Form Preview

Introduction

Mental Health Child, Youth and Families

Thank you for your interest in the - Mental Health Child, Youth and Families Grant Opportunity 2026.

This grant supports the ACT Government's investment in the mental health NGO sector for children (0-12), young people (12-25) and families.

This grant opportunity aims to reduce the long-term impact of mental ill-health by addressing risk factors early, preventing the escalation of symptoms, and reducing reliance on more intensive mental health services at younger ages.

Please read the Grant Requirements to ensure you are aware of all the grant process requirements before commencing with your application.

Please see link attached to the draft Deed Template that will be used for the successful applicant.

Please contact Mental Health Commissioning Team if you have any questions regarding this grant opportunity.

Grant Eligibility - general

* indicates a required field

Organisation Eligibility

To be eligible to apply for the Mental Health Child, Youth and Families grant funding, applicants must have an Australian Business Number (ABN) or Australian Company Number (ACN), be registered for the purposes of GST, have an account with an Australian financial institution and be one of the following entity types.

Note: if you cannot meet this requirement your application will be deemed ineligible and you will not be able to proceed any further.

What type of organisation are you?

*

○ a company incorporated in the ACT under the Associations Incorporation Act 1991
○ a company limited by guarantee and incorporated under the Corporations Act 2001 (Commonwealth)
○ An incorporated trustee on behalf of a trust
○ An incorporated association
○ A partnership
○ A joint (consortia) application with a lead organisation
○ A registered charity or not-for-profit organisation
○ Publicly funded research organisation
○ Other:

Other legal status details

If you are a not-for-profit with other legal status, please describe that status here *

Please attach any documents that support this status
Attach a file:

Eligibility - applicant organisation

* indicates a required field

Name of the organisation applying for funding *
Organisation Name

ABN of the organisation applying for funding *

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Is your organisation a registered Aboriginal and Torres Strait Islander Enterprise? *

- ○ Yes
- ○ No

MANDATORY CRITERIA - Governance and Compliance Declaration

This declaration assures the Territory that the grant recipient has the capacity to govern, plan and manage the required service/program in accordance with ACT Government policies and procedures, and industry and legislative requirements.

Applicants must complete the compliance and governance declaration as part of their grant application within SmartyGrants. If you answer **No** to questions **1- 10** (and **12** if relevant), or **Yes** to **11**, you must provide supplementary explanation/commentary and appropriate evidence as part of their Grant Requirement response.

Applicants must complete, have witnessed and uploaded into SmartyGrants a Statutory Declaration to support responses to the Governance and Compliance Declaration.

1. Does the Applicant have a Board or similar governance structure that oversees its functions, processes, and funding? *
- ○ Yes
- ○ No

Note: The applicant must be able to provide evidence of structures and processes if requested by the Territory.

2. Does the Applicant have a formal process which describes how the organisation ensures continuous quality improvement? *
- ○ Yes
- ○ No

Note: The applicant must be able to provide evidence of formal processes during the application process, and the term of the grant if requested by the Territory.

3.Does the Applicant have a formalised approach to ensure cultural competency including staff training and experience in working with Aboriginal and Torres Strait Islander children, young people, and families? *
- ○ Yes
- ○ No

Note: The applicant must provide evidence of formal approach during the application process, and the term of the grant if requested by the Territory.

4. Does the Applicant have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/ Territory legislation and policy (e.g., confidentiality, information security and specific technology/data management systems, policies and practices used by the organisation)? *
- ○ Yes
- ○ No

Note:The applicant must be able to provide evidence of formal processes during the application process, and the term of the grant if requested by the Territory.

5. Does the Applicant have a formal process which describes how risks are identified, managed, and reported? *
- ○ Yes
- ○ No

Note: The applicant must be able to provide evidence of formal processes during the application process, and the term of the grant if requested by the Territory.

6. Does the Applicant have appropriate insurance to cover delivery of the service/ program (including public liability and professional indemnity insurance, if required as specified in Grant Requirements).

*

○ Yes
○ No

Note: The applicant must upload evidence/copies of insurance to the application form and then as they expire during the term of the grant.

7. Does the Applicant hold relevant accreditation and do personnel possess appropriate qualifications and certifications (as required by the approach/model of service delivery), for example:

- **Relevant accreditation standards/requirements**
- **Relevant industry/role certifications (e.g., Working with Vulnerable People registration)**
- **Relevant professional qualification/registration (e.g., Certification IV in Youth Work, or Certification IV in Child, Youth, and Family Intervention, etc.)**

*

○ Yes
○ No

Note: The applicant must be able to provide evidence of accreditation, qualification or certification during the application process, and the term of the grant if requested by the Territory

8. Is the Applicant financially viable to support the sustainable delivery of the approach/model of service delivery over the term of the grant agreement, and can the applicant provide the last 3 years of audited financial statements? *

○ Yes
○ No

Note: The applicant must provide evidence/copies of audited financial statements if requested by the Territory

9. Is the Applicant compliant with relevant legislation, regulation, and policy (as required by the approach/model of service delivery), for example:

- **Relevant Commonwealth and Territory legislation (e.g., Aged Care Act, Australian Aged Care Quality and Safety Commission Aged Care Quality Standards, Carers Recognition Act, work health and safety legislation and privacy legislation)**
- **Being a Child Safe Organisation under the ACT Child Safe Standards Scheme.**
- **ACT Government policy, including 'fair and ethical treatment of workers and prioritisation of local and secure employment.'**
- **The successful Applicant is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Applicant is SLJC certified or is working towards certification.**

*

○ Yes
○ No

Note: The applicant must be able to provide evidence of compliance if requested by the Territory.

10. Does the Applicant agree to all service requirements under the grant, or their justification for disagreement is satisfactory for an exemption? *
○ Yes
○ No
Note: The applicant must be able to provide evidence of compliance if requested by the Territory.

11. Does the Applicant have issues or risks* to disclose which may impact their ability/capacity to deliver the service/program, or which may adversely impact the reputation of the applicant organisation or the Territory as the funding provider?

**risks include any disciplinary action (current or historical) on the part of the organisation taken by a funding body, criminal/civil action taken against the organisation or staff members/grant recipient in the context of their employment, critical incidents, or failed accreditation, or if any of the services may be sub-contracted.*

☐ Yes
☐ No
☐ Not Applicable

12. For Applicants involved in a consortium, can you provide letters of commitment from all agencies identified in a consortium as well as consortium governance arrangements (including financial management, risk management and reporting arrangements)?
○ Yes
○ No
Note: The applicant must upload these documents in the application form and updated documents during the term of the grant as updates occur.

Please download and complete a Statutory Declaration and attach to your application to support the Compliance and Governance Declarations Responses.

Attach signed Statutory Declaration *
Attach a file:

Supplementary Explanation

If you answer **No** to questions **1- 10** (and **12** if relevant), or **Yes** to **11**, you must provide supplementary explanation/commentary and appropriate evidence as part of your Grant Requirement response.

*

Please attach supporting documentation. *
Attach a file:

Reporting for previous ACT Government Agreements

Does your organisation have any overdue reporting requirements for any previous ACT Government Grants or Funding Agreements? *
- ○ Yes (your application may be deemed ineligible so please provide more details below)
- ○ No

Please provide details about overdue reports for previous ACT Government Grants or Funding Agreements.

Contact Details - applicant organisation

* indicates a required field

Details of Chief Executive Officer or equivalent

Name of Chief Executive Officer or equivalent of the applicant organisation *

Title | First Name | Last Name

This must be the person with ultimate financial and management responsibility for the organisation. It cannot be the project officer, treasurer, finance manager, executive teacher etc unless it is explicitly stated that they have the same authority or are acting as the Chief Executive Officer/Principal/Director or equivalent. This person will receive all official correspondence relating to the application.

Position title of Chief Executive Officer or equivalent of the applicant organisation *

Please write in full e.g. Chief Executive Officer

Postal Address for official correspondence *

Address

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

Phone number of Chief Executive Officer or equivalent of the applicant organisation *

Must be an Australian phone number.
If it is a landline please include the area code.

Email address of Chief Executive Officer or equivalent of the applicant organisation *

Must be an email address.

Website of applicant organisation *

Must be a URL.

Details of primary contact person

Name of primary contact person for the applicant organisation *
Title First Name Last Name

This is the person Health and Community Services Directorate staff will contact for further information or clarification about any aspect of this application.

Position title of primary contact person for the applicant organisation *

Please write in full e.g. Project Officer

Postal address for official correspondence *
Address

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

Phone number of primary contact person for the applicant organisation *

Must be an Australian phone number.
If it is a landline please include the area code.

Email address of primary contact person for the applicant organisation *

Must be an email address.

Authorised Secondary Contact

Name of secondary contact person for the applicant organisation *
Title First Name Last Name

This is the person Health and Community Services Directorate staff will contact for further information or clarification about any aspect of this application if the primary contact is not available.

Position title of secondary contact person for the applicant organisation *

Postal address for official correspondence *
Address

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

Phone number of secondary contact person for the applicant organisation *

Must be an Australian phone number.
If it is a landline please include the area code.

Email address of secondary contact person for the applicant organisation *

Must be an email address.

Service Details

* indicates a required field

Proposed Name of Service *

If your application is successful, could the Mental Health Child, Youth and Families service function for a minimum of 5 years? *

○ Yes ○ No

Note: If No is selected you will be unable to submit this application

Will you be delivering Mental Health Child, Youth and Families services to residents of the Australian Capital Territory (ACT)? *

○ Yes ○ No

Weighted Criteria 1

* indicates a required field

WEIGHTED CRITERIA 1 - Services to be Delivered Under the Grant (55% Total Weighting)

1a. Service Description (20% Weighting)

Describe the service/program your organisation is proposing to deliver under the grant. Responses must address each of the following components of this criteria:• Characteristics of the proposed service/program• Eligibility criteria and/or population cohorts• Approaches the service/program will use to support priority population groups• Proposed service capacity, including expected throughput and outcomes of participants• Proposed service

location/s including geographic location of the service, modes of delivery including and any outreach components. • Proposed staffing coverage (including expected FTE) and rosters

To complete this section, please be familiar with the Mental Health NGO Strategic Investment Plan.

Word limit: 1,000 words

*

Word count:
Must be no more than 1000 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.
Attach a file:

A maximum of 1 file may be attached.

1b. Outcomes (25% Weighting)

Through a program logic, describe how the proposed service/program will contribute to Personal Domain Outcomes 1, 2 and/or 3 and all Service Domain Outcomes listed in the section 2.2 Grant Requirements (Outcomes). The program logic must outline the activities of the proposed service as well as the Indicators and Measures the proposed service/ program will use to measure progress towards Personal and Service Domain Outcomes. The program logic should be clear and easy to understand. To support your response to this criterion, provide a written response that outlines:• The rationale and thought processes underpinning the design and development of the program logic• How the service/program will embed carer and family experience in service design, delivery and evaluation• An overview of the systems and processes your organisation have established or intend to implement to ensure the collection, recording and reporting of meaningful data.• An overview of how qualitative feedback and information such as positive and negative feedback and cases studies will be recorded, reported and used.

Word limit: 1,000 words

*

Word count:
Must be no more than 1000 words.

Attach a program logic to support your response *
Attach a file:

A maximum of 1 file may be attached.

1c. Evidence Basis (10% Weighting)

Describe the evidence underpinning or informing your proposed service model and delivery practices. Evidence could include:• Research Evidence: Derived from academic research, typically published in scientific journals.• Contextual Evidence: Includes information from organisations and governments that highlight local needs or the needs of specific groups. • Experiential Evidence: Comes from professional expertise, skills, and practice knowledge, including input from those with lived experience of mental ill health.**Word limit: 500 words**

*

Word count:
Must be no more than 500 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.
Attach a file:

A maximum of 1 file may be attached.

Weighted Criteria 2

* indicates a required field

WEIGHTED CRITERIA 2 - Relevant Experience (20% Total Weighting)

2a. Experience Working with Priority Populations (10% Weighting)

Demonstrate your organisational experience delivering mental health services that are tailored to the needs of priority populations. Your response should detail how your organisation has ensured accessible, culturally responsive practices, tailored to the needs of priority population groups.

Word limit: 500 words

*

Word count:
Must be no more than 500 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.
Attach a file:

A maximum of 1 file may be attached.

2b. Experience Working with Non-Government Sector Partners (10% Weighting)

Demonstrate organisational experience working collaboratively with non-government sector partners, government programs and the Canberra community including how the approaches your organisation has used to initiate, build and maintain these relationships.

Please see Service Domain Outcomes 3 and 4 in the Commissioning Framework.

Word limit: 250 words

*

Word count:
Must be no more than 250 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.
Attach a file:

A maximum of 1 file may be attached.

Weighted Criteria 3

* indicates a required field

WEIGHTED CRITERIA 3 - Organisational Capacity and Workforce Sustainability (25% Total Weighting)

3a. Capacity and Resourcing (10% Weighting)

Identify capacity and resourcing your organisation has in place to support the delivery of the proposed service including:• The anticipated timeline for reaching 100% operational capacity;• Existing resources, assets and staffing the organisation has to deliver the proposed service. • (If relevant) Demonstrate access to, or plans to procure/recruit appropriate equipment, assets, staffing and resources required to deliver the proposed service/program.• Articulate the roles and responsibilities of key personnel involved with the proposed service/program, including positions, professional qualifications and registrations held (if required by the role and/or legislation).**Word limit: 500 words**

*

Word count:
Must be no more than 500 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.
Attach a file:

A maximum of 1 file may be attached.

3b. Workforce Sustainability (15% Weighting)

Describe how your organisation will support workforce sustainability through the development, wellbeing and safety of staff and/or volunteers. Your response should include:

Organisational processes that support a psychologically and physically safe workplace.

- Access to training, supervision or other professional development opportunities
- Existing and proposed workforce development activities/initiatives

word limit: 750 words

*

Word count:
Must be no more than 750 words.

One attachment (visual or written) may be uploaded. The attachment should be clear and easy to understand and serve a purpose to enrich the content of the written response. The attachment must be referenced in the written response and properly labelled.

Attach a file:

A maximum of 1 file may be attached.

Non-Weighted criteria

* indicates a required field

NW1 - Measurement and Reporting

You have provided indicators and measures as part of your program logic. Articulate how you will measure and report on the outputs and outcomes of the services, including consideration of:• Data management software (e.g., what systems and processes you will utilise to measure identified outcomes)• Other mechanisms and/or tools to collect evidence • Measurement methodologies (e.g., sample group, timepoints for data collection, context of data collection)• Measurement tool/s

Tip: This should align with Grant Requirements Section 5 – Monitoring, Evaluation and Learning, and Section 10 – Reporting requirements.

Word Limit: 500 words

The Applicant must articulate how they will measure and report on the outcomes of the service *

Word count:
Must be no more than 500 words.

NW2 - Risks and Challenges

Identify risks and challenges which may impact the service/program to be delivered, and sustainability of the sector*, and articulate how they will be addressed by your organisation (including opportunities for innovation). Complete and upload the Risk Assessment Template to respond to this criterion.

* (e) Risks and challenges may include (but are not limited to) workforce issues, client/ population demographics and need, funding, the legal/policy environment, quality and safety, consortia arrangements, reputation and relationships, communications, technology and advancement, evidence, agency, and advocacy. If any of the services may be sub-contracted, that should be addressed as a risk. If the service is high risk, describe the processes the organisation has in place to manage this.

Complete and upload the Risk Assessment Template to respond to this criterion. *
Attach a file:

NW3 - Pricing

Provide a breakdown of how the annual grant funding will be used to deliver the service under the grant. Please include:

- Direct costs associated with service/program delivery - with a clear breakdown of each itemised cost for the financial year. Direct costs may include (but are not limited to):- Staffing - Equipment hire- Consumables
- Indirect costs which will support organisational capability over the life of the grant – with a clear breakdown of each itemised cost for the financial year. Indirect costs may include (but are not limited to): Assets Administration- Rent- Utilities- Communications- Insurance - Accreditation

Tips:

- Provide your budget on the Pricing Shedule template provided in SmartyGrants.
- The ACT Costing Tools may be helpful when developing your budget.
- When providing your itemised costings, provide as detailed a breakdown as possible (e.g., Number of nurses versus number of administrators etc)

Please attach completed Pricing Schedule Template. *
Attach a file:

Service Type Total Costs (GST Exclusive)

Please provide total costs for each year as per your attached Pricing Schedule.

Note: Press Maximise button to display full table. Please input $0.00 for any years Not Applicable for this application.

Year 1	Year 2	Year 3	Year 4	Year 5	Total
$	$	$	$	$	$
Must be a dollar amount	Must be a dollar amount	Must be a dollar amount	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.

NW4 - Funding Sources

State if the proposal is dependent on another funding source. If so, specify the source/s and explain the implications for service delivery if the additional funding is not obtained.Clearly describe any dependencies between parts of the proposed service and different grant processes.Note: Applicants for across multiple grants processes should respond to items in section 6.3 in the Grant Requirements **Word Limit: 500 words**

State if the proposal is dependent on another funding source *

Word count:
Must be no more than 500 words.

NW5 - Referees

Please include the contact details of 2 referees who can substantiate/verify previous experience and any claims made within your application:

Note: *these referees may be contacted during the assessment process to verify your claims against the criterion.*

Referee 1: Name *

Title | First Name | Last Name

Organisation *

Organisation Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Referee 2: Name *

Title | First Name | Last Name

Organisation *

Organisation Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Transition-in

* indicates a required field

Please note that this information does not form any part of the assessment of this grant. This information will be used for planning only.

Include an indication of the expected time (in months and weeks) from notification for establishment of the service and commencement of service delivery, in the circumstance that your application is successful. Please include any details or considerations which may be relevant to this process. *

Word count:
Must be no more than 500 words.
NOTE: Refer to Item 11.2 in Grant Requirements for information relating to Transition-in.

Declaration and Privacy Notice

* indicates a required field

Declaration by Chief Executive Officer or equivalent of Applicant organisation

This declaration is to be completed by the Chief Executive Officer, or equivalent of the applicant organisation authorised to apply for the funding. This section provides evidence that the application has the endorsement of the organisation.

By making this declaration I certify that to the best of my knowledge the statements made in this application and any attachments are true and I understand that:

- All applications submitted to the Health and Community Services Directorate are accepted in confidence.
- The Health and Community Services Directorate may liaise with other ACT Government agencies regarding this application.
- If I am claiming that my organisation is a not-for-profit entity for the purposes of this application, I declare that the organisation is a not-for-profit organisation as defined in this application form and I agree to provide a copy of the organisation's constitution if requested for the purposes of verification of not-for-profit status.
- If my organisation is successful in gaining funding from HCSD that the organisation will be bound by the terms and conditions outlined in the Deed.
- If my organisation is successful in gaining funding from HCSD that the organisation will need to provide evidence of appropriate insurance cover to deliver the service.

Name of Chief Executive Officer or equivalent of the applicant organisation *
Title First Name Last Name

Position title of Chief Executive Officer or equivalent of the applicant organisation *

Date of completion of declaration *

Must be a date.

Privacy Notice

The Health and Community Services Directorate (HCSD), collects, uses and discloses personal information in accordance with the *Information Privacy Act 2014* and ACT Health Privacy Statement. To the extent that this form collects personal information, HCSD will only use this information to contact you to discuss your organisation's grant application. HCSD may share your information with other ACT Government agencies and third parties for the purpose of assessing your application. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law. Please also note that this form is provided to HCSD via the SmartyGrants online grant management system. Personal information provided in this form may also be collected and used by SmartyGrants in accordance with the *SmartyGrants Privacy Policy*.