

Expression of Interest – Primary Mental Health Care Community Grants 2025-2026

Western Queensland Primary Health Network (WQPHN) are seeking Expressions of Interest from relevant community stakeholders to access Primary Mental Health Care Grants in communities within the WQPHN region. The funds can be used to support mental health events, training events and forums, community-based activities or mental health resources and could include food/catering/hall hire for mental health events, development of mental health resources/promotional flyers. Please note these funds cannot be used for items such as salaries or oncosts, direct client support costs or other costs that would be duplicated in operational funding for mental health programs.

The Grant options that are available in this Expression of Interest round are:

- \$ 10,000.00 Mental Health Week Activities in your Region (CW/NW/SW)
- \$ 5,000.00 Training and/or Capacity Building Activities in relation to Mental Health and Wellbeing
- \$ 1,000.00 Mental Health Community Days and Resources
- \$ 250.00 Small Mental Health Grants to support Activities such as Blue Tree Projects

The successful providers will be selected via a competitive process and all successful entities for any of the above-mentioned grants are required to provide all items specified below following completion of the projects:

- Provide an Acquittal advising how funds were expended
- Provide a Good New Story in relation to the event you have held
- Photos of the event you have held if appropriate

The above information is required to be emailed to deliverables@wqphn.com.au within 2 weeks of the finalisation of the expenditure of the grant funds. All funds must be expended by 30 June 2026.

To express your interest for the above-mentioned grants please complete the following information and return the form to contracts@wqphn.com.au by no later than **5pm Monday, 21st April 2025** to allow funding application to be assessed.

Any questions regarding this Expression of Interest should be directed to contracts@wqphn.com.au.

In order for WQPHN to use your good news stories and photos for our social media, please complete the below photo consent form in Annexure 1 (included in this document) and return to contracts@wqphn.com.au along with the completed information below.

PROVIDER DETAILS	
Legal Entity Name:	
Registered Trading Name (If Applicable):	
ABN:	
Registered Address:	
Postal Address (if different to above):	
Phone:	
Email:	
GRANT INFORMATION	
Please select the Grant Opportunity you are Expressing Interest in applying for and outline in the field below how this funding will support Primary Mental Health and Wellbeing in your community (E.g. Blue Tree Project, Mental Health week event):	
<input type="checkbox"/>	\$ 10,000.00 (Maximum of 500 words)
<input type="checkbox"/>	\$ 5,000.00 (Maximum of 500 words)
<input type="checkbox"/>	\$ 1,000.00 (Maximum of 350 words)
<input type="checkbox"/>	\$ 250.00 (Maximum of 350 words)
Details in relation to your project:	

Annexure 1 - Photo/Film Consent Form

Consent

I give consent to Western Queensland PHN (WQPHN) to make, use and/or retain an image/s or footage as detailed below that may identify me or an individual for whom I have authorised decision-making responsibility (~~strike through whichever does not apply~~).

I understand that I can withdraw or modify my consent at any time in writing to WQPHN PO BOX 412, Winton QLD 4735, or contact via Ph: 07 4573 1900.

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (e.g. cultural considerations, usage restrictions, expiry of consent etc):

Undertakings

I understand that by giving consent, that WQPHN, Department of Health and Queensland Health can use the image/footage and may reproduce the image/s footage in any form, in whole or in part.

I understand that WQPHN:

- will not pay me for giving this consent or for the use of my image/s and footage;
- may keep the image and/or footage on record until I revoke my consent;
- will return or destroy images and/or footages if I withdraw this consent, with the exception of those already published;
- may use the image and/or footage in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

Description of image and/or recording

Please specify as much detail as possible:

Event:

Date/s:

Participant details

For the purposes of this consent form, the person whose image/s and/ or footage is used is known as “the Participant”.

Full name of Participant:			
Date of birth:			
Telephone:		Email:	
Address:			
Signature:		Date:	

Confirmed by WQPHN Staff Member: _____