

# PQKF Round 1 Expression of Interest (EOI) Form Preview

## General information

### What is the PQKF Partnership Fund?

[Putting Queensland Kids First](#) (PQKF) is the Queensland Government's plan to invest in the future of Queensland children and families to give them the best start and a lifetime of opportunities.

The \$15 million PQKF Partnership Fund is designed to facilitate stronger partnerships with NGOs and Aboriginal and Torres Strait Islander community-controlled organisations, investing in their expertise to design and deliver supports which respond to the unique needs of families and local communities. This approach reflects strong community feedback and an acknowledgement that genuine community co-design of solutions is necessary to support Queensland's commitments under Closing the Gap.

The PQKF Partnership Fund will administer grants for the delivery of connected and community-led projects, programs and services that respond to the needs and aspirations of children and their families, and in doing so support those children and their families in building positive and healthy pathways for life.

**Round One of the Putting Queensland Kids First Partnership Fund is now open** and provides the opportunity for funding of between \$500,000 and \$1.5 million, from a total pool of \$5 million.

PQKF Partnership Fund Round One funding will be awarded through a competitive application assessment process, involving two stages:

- 1.Expression of Interest (mandatory for all interested applicants).
- 2.Detailed Application (invitation only process).

**Expressions of Interest close at 5pm Friday, 25 October 2024** and all submissions must be lodged via SmartyGrants.

Applicants will be notified in writing of the assessment outcome of their projects and those with shortlisted projects will be invited to submit a Detailed Application for further consideration.

## Eligibility

\* indicates a required field

### Program

This field is read only.

### Important information for applicants

Before completing this Expression of Interest (EOI) form, you must read and understand the [PQKF Partnership Fund Round One guidelines](#).

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You are also encouraged to read the PQKF Partnership Fund Round One [Grant Writing Tips](#) and [Frequently Asked Questions](#).

Please note incomplete forms and/or EOIs received after the **5pm Friday, 25 October 2024** closing date will not be considered.

This section of the EOI is designed to help you, and us, understand if you are eligible to apply for a grant. It is important that you complete all questions in this section before moving to any others to avoid wasted effort.

Only organisations that meet all the eligibility requirements may submit an EOI.

If you are **NOT** eligible to apply, you can partner (under an auspice agreement) with an eligible organisation. The eligible organisation must submit the EOI under their own legal name and will be legally and financially accountable for the proposed initiative.

All communications from the State will be with the eligible organisation.

If you have any questions about these eligibility criteria, please contact [pqkpartnershipfund@premiers.qld.gov.au](mailto:pqkpartnershipfund@premiers.qld.gov.au).

If you contact us during the EOI process, please quote the EOI Number below.

## EOI Number

This field is read only.

## Confirmation of applicant eligibility

### Before proceeding, please confirm the following:

- you have read and understood the PQKF Partnership Fund Round One guidelines
- your organisation is an incorporated registered not-for-profit legal entity
- your organisation has a current Australian Business Number (ABN) or Australian Company Number (ACN)
- your organisation can demonstrate experience in working in partnership with community leaders, groups, networks, service providers and/or Aboriginal and Torres Strait Islander community-controlled organisations to successfully co-design and deliver place-based supports that respond to the unique needs of local Queensland communities
- your organisation can demonstrate experience in working alongside at least one of the target cohorts, specifically: pregnant people; newborns and infants; children up to age eight; or two generations (children and their families/kin)
- your organisation holds public liability insurance to the value of not less than \$10 million, or can provide evidence of plans to obtain insurance to the value of not less than \$10 million to cover the proposed project
- your organisation does not have any overdue reports, or service delivery or performance issues for funding previously or currently provided by the **Queensland Government**
- your organisation has support for the project from any partner organisation/s involved in the delivery of the proposed project or program, where success of the proposal is reliant on the partner's resources

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- your organisation has support for the project from the relevant Aboriginal and/or Torres Strait Islander Regional Council, where the proposal is to deliver the project in a remote Aboriginal and/or Torres Strait Islander community.
- your organisation can comply with requirements under the [Working with Children \(Risk management and Screening\) Act 2000](#), if the proposal involves working with children during any stage of the project.

**Are all statements above true and correct? \***

Yes  No

Applicants who do not meet the eligibility requirements must be auspiced by an eligible organisation. If you do not have an auspice you should not apply for this grant.

## Project eligibility

Before proceeding, please confirm the following about your project:

- it will be delivered in Queensland
- it aligns with at least one of the guiding principles of the PQKF Plan
- it focusses on at least one of the PQKF Partnership Fund target groups
- it does not duplicate any currently funded services or initiatives in the proposed location, including services or initiatives funded through Queensland State Government agencies
- it is demonstrably early intervention or prevention focused, for one or more of the target cohorts
- it is culturally responsive and inclusive of people from culturally and linguistically diverse backgrounds
- it will commence within three months of entering into the funding agreement
- it will be completed within two years of the project commencing.

**Are all statements above true and correct? \***

Yes  No

If your project does not meet the eligibility criteria you should not apply.

## Contact Details

\* indicates a required field

## Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Information Privacy Act 2009](#). To view our privacy statement, go to <https://www.premiers.qld.gov.au/tools/privacy.aspx>.

## Applicant Details

**Applicant legal name \***

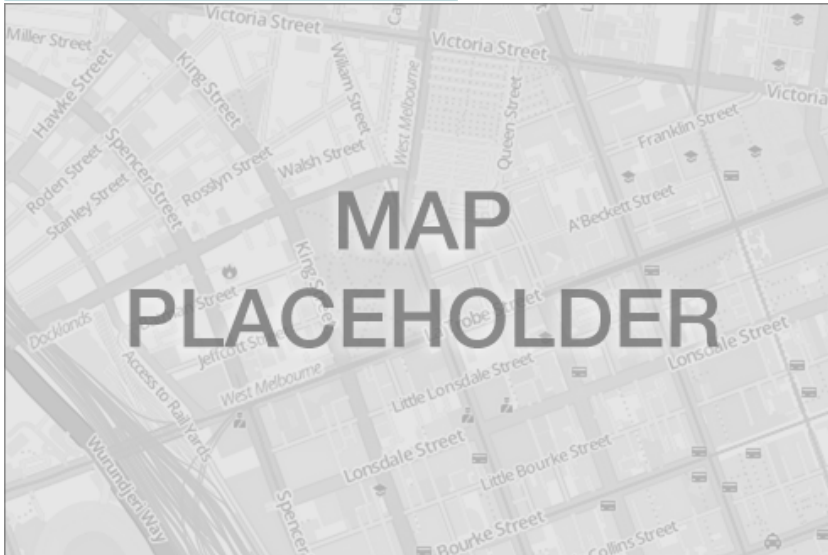
Organisation Name

You must provide the same organisation name that is listed in official documentation e.g. Australian Business Register or Australian Tax Office.

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## Applicant primary address

Address

## Applicant postal address

Address

## Applicant primary phone number \*

Must be an Australian phone number.

## Applicant email address \*

Must be an email address.

## Applicant website

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title      First Name      Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

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e.g., Manager, Director or Fundraising Coordinator.

**Primary contact primary phone number \***

Must be an Australian phone number.

**Primary contact office phone number**

Must be an Australian phone number.

**Primary contact email address \***

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

**What type of organisation are you? \***

- Aboriginal and Torres Strait Islander Community Controlled Organisation
- Not-for-profit community services provider
- Philanthropic organisation
- Academic institution
- Peak, Industry or Advocacy body

**What is your organisation's legal structure? \***

- Incorporated association
- Company limited by guarantee
- Cooperative
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Trust

Only incorporated registered non-for-profit legal entities are eligible to apply for funding. If your organisation is unincorporated, you are ineligible to apply and must be auspiced by an eligible organisation (refer to the 'General Information' section of this form for more detail)..

**What is your organisation's purpose or mission? \***

Word count:

Must be no more than 100 words.

**Does your organisation have an ABN or ACN? \***

- Yes
- No

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## 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	

## Applicant ACN

Number must be able to be validated via a search of the [Australian Securities and Investments Commission's \(ASIC\)](#) registers.

## What is your incorporation number?

Must be a number.

## Please upload your Certificate of Incorporation \*

Attach a file:

## Are you applying as the lead agency of a consortium or partnership for this EOI? \*

Yes  No

## Please provide the legal names of the consortium and/or partnership members. \*

Please use legal entity names. Evidence of partnerships (e.g. letters of support) will be required at the Detailed Application stage.

## Are you auspicing another organisation to deliver all or part of the project? \*

Yes  No

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## Auspicee Information

\* indicates a required field

### Auspicee Organisation Details

When using an auspice arrangement, the relationship is often described as one where the auspicee will be carrying out the project 'under the auspices of' the incorporated organisation i.e. the auspisor. It's the auspisor that receives the project funding and enters into relevant agreements for the auspicee.

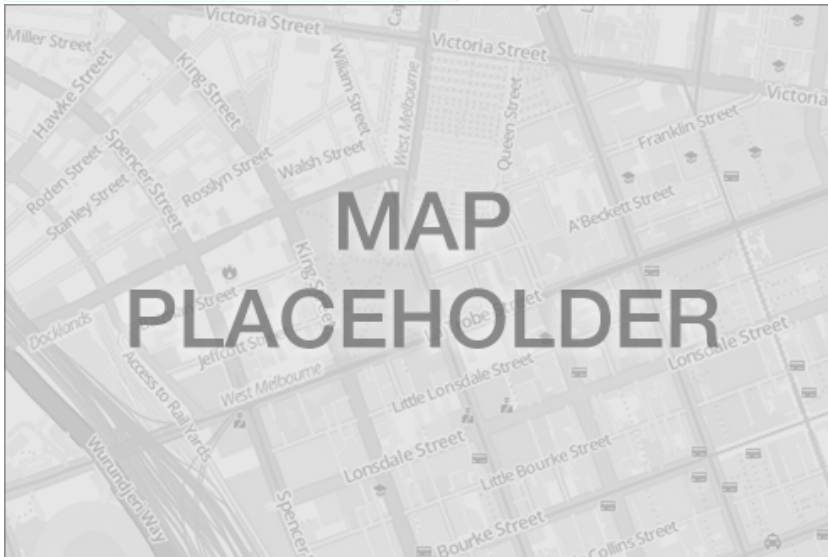
#### **Auspicee legal name \***

Organisation Name

Please use the organisation's full legal name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

#### **Auspicee primary address**

Address

#### **Auspicee postal address**

Address

#### **Auspicee primary phone number \***

Must be an Australian phone number.

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## Auspicee email address \*

Must be an email address.

## Auspicee website

Must be a URL.

## Please attach a copy of the auspicing agreement \*

Attach a file:

The agreement/letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and include their name, position, signature and confirmation the proposed project is covered under the agreement.

## Does the auspicee organisation have an ABN? \*

Yes

No

## Auspicee 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.

## Organisation experience

\* indicates a required field

Please respond to the questions below by providing information on your organisation's experience against the eligibility criteria below.

Evidence of the stated experience will be required at the Detailed Application stage.



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**Outline the experience your organisation has in working in partnership with community leaders, groups, networks, service providers and/or Aboriginal and Torres Strait Islander community-controlled organisations to successfully co-design and deliver place-based supports that respond to the unique needs of local Queensland communities. \***

Word count:

Must be no more than 100 words.

**What experience does your organisation have in working alongside at least one of the target cohorts? \***

Word count:

Must be no more than 100 words.

Refer to the [PQKF Partnership Fund Round One Guidelines](#) for information on the target cohorts.

## Project Details

\* indicates a required field

**How many EOI are you submitting? \***

**What priority is this application? \***

If submitting more than one application, you must assign each application a UNIQUE priority number. Rank each application from highest (=1) to lowest.

**Project title \***

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive.

**Which PQKF target cohort/s is your project focussed on?**

- pregnant people
- newborns and infants
- children up to age eight
- two generations (children and their families/kin)

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Select the one/s that most apply to your project.

## Which PQKF guiding principles does your project align with? \*

- children, families and communities at the centre
- culture, inclusion, diversity, access and equity for all
- strengths-based and empowering
- partnering to connect Queenslanders to holistic support
- shifting the balance to preventative care and a life course focus
- evidence-informed, accountability and transparency

Select the one/s that most apply to your project.

## Which PQKF outcome areas will your project contribute to?

- health, wellbeing and development
- learning, skills and positive pathways
- secure and affordable housing
- safety and connection in family and community
- empowered First Nations people

Select the one/s that most apply to your project.

## Describe your proposal. \*

### Word count:

Must be no more than 250 words.

Be descriptive, but succinct. Outline: how the proposal can be considered an early intervention or prevention initiative; the role partnership plays in designing and delivering the proposal; and how it will deliver a holistic project or program which connects traditionally 'siloed' programs/service delivery/ focus areas and/or disciplines. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

## Describe the challenge, need or opportunity your proposal is seeking to meet \*

### Word count:

Must be no more than 150 words.

Tell us why your initiative is needed, and why you believe the activities you propose will contribute to positive changes in the PQKF outcome areas you've selected. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

## Where in Queensland will the project be delivered? \*

Provide information (e.g. suburb, local government area, etc) on the location/s where the project will be delivered.

## Will the project be delivered in one or more remote Aboriginal and/or Torres Strait Islander communities? \*

- Yes  No

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**Which Aboriginal and/or Torres Strait Islander Regional Council/s have given their support for the project? \***

Evidence of their support will be required at the Detailed Application stage.

**Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? \***

Yes  No  Don't know

Evidence of their support will be required at the Detailed Application stage.

**How have you engaged with the local community/s to help shape this proposal? \***

**Do you have capacity to start the project within 3 months of entering into a Funding Agreement? \***

Yes  No

**What is the planned duration (in months) of the project? \***

Must be 24 months or less. Use whole numbers only e.g. 6 months = 6, 1 year = 12,

## Project Budget

\* indicates a required field

**Total Grant Amount Requested (ex GST) \***

\$

What is the total PQKF grant amount you are requesting in this application?

**Total Project/Program Cost (ex GST) \***

\$

What is the total cost of your project?

## Budget (excluding GST)

Please outline your project budget in the table below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be **GST exclusive**.

Please refer the grant guidelines for information on eligible and ineligible project costs.

Provide clear descriptions for each budget item in the 'Funding contribution' and 'Expenditure' columns, Examples of funding contributions could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

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Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL FUNDING CONTRIBUTION AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Funding Contribution Description	Contribution type	Contribution confirmed?	Contribution Amount (ex GST)	Notes
	Government Grants Philanthropic Grants Donations Earned Income Other Income		\$	
			Must be a dollar amount.	

Expenditure Description	Expenditure Type	Quote received?	Expenditure Amount (ex GST)	Notes
			\$	

### Budget Totals

<b>Total Funding Contribution Amount (ex GST)</b> \$ <input type="text"/> This number/amount is calculated.	<b>Total Expenditure Amount (ex GST)</b> \$ <input type="text"/> This number/amount is calculated.	<b>Funding contribution minus Expenditure (ex GST)</b> <input type="text"/> This number/amount is calculated.
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**What other in-kind contributions will you need in order to successfully carry out this project?**

In-kind contributions	Confirmed?
In-kind (i.e. non-financial) contributions could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

## Certification and Feedback

\* indicates a required field

### Certification

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This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

Yes

**Name of authorised person \***

Title First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.  
We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the EOI process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

Very easy  Easy  Neutral  Difficult  Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the EOI process/form that you think we need to consider.**

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Form Preview