

Test Lotterywest Healthway Org

Healthy Communities
ID: R-202601-93540
Assessor:

Requested Amount:
Status: Draft

Status

Draft

Before you begin:

- Read the Healthway funding guidelines and FAQs
- Visit the Community Impact Hub to understand your community, learn from others and plan your project
- Give us a call on 133 777 to chat about your grant idea
- Make sure your organisation's details are up to date. Click "Organisation" on the left-hand menu and follow the instructions in this guide

How to apply:

Follow the instructions in this guide.

- Click [Edit] in the top right-hand corner
- Complete all details and attach relevant supporting documents

Mandatory fields are in bold

The form does not autosave. Click 'Save' at the bottom of the form to save your progress.

- Once you've finished, click [Save and Close]
- Click [Submit]

After you apply:

- During assessment, we will continue to work with you to follow up any additional detail required or questions we may have.
- Following assessment, a recommendation will be made to the Healthway Board. Once endorsed by the relevant Board, all recommendations then go to the Minister for approval.
- You will receive a notification of the outcome of your request. If your request is successful, this will include your Approval Letter or Organisation Agreement which outlines any grant and payment conditions.
- A decision is generally given within 5 months of receiving a complete grant request.

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▼ Organisation Information

Before starting your request, please review your organisation's details, this includes:

- *Annual Report or AGM minutes*
- *Latest list of Board and Committee members and other governance documents.*
- *Bank details*

If you need to update any of these details, please select [Save and Close] at the bottom of this page and then select 'Organisation' in the left-hand menu. Once you can confirm that your organisation's details are up-to-date, please tick the box below.

I can confirm that my Organisation's details (including the items listed above) are current and have been updated where required. False

(type name here to confirm):

People added to your organisation using the "Add New" function below will be instantly granted access to the Grants Portal and will be able to view your organisation's information including requests, grants and payment information.

Organisation: Test Lotterywest Healthway Org

Organisation Status: Validated

Primary Contact:

Legal Signatory:

Second Legal Signatory:

Person Applying:

If you are adding a new Legal Signatory, please attach documentation confirming their position by clicking on '+'. Click for more information around Legal Signatories.

LEGAL SIGNATORIES

▼ Delegated Authority

A Delegated Authority can also perform the duties of a Legal Signatory provided they have been given the authority from a Legal Signatory(s). A copy of the Delegated Authority form can be found **here**. For the purpose of this request, does the Legal Signatory(s) give responsibility for signing the Healthway Grant Conditions, Agreements and acquittal documentation to someone else within your organisation?

Delegated Authority in place?

▼ Program

Which program are you applying for? Over \$5,000 Healthy Communities

Project Title:

In 100 words or less, please provide a clear overview of the proposed project. This section should include a brief rationale for the project as well as a concise summary of what the project will entail:

▼ Health Issue

Select which of Healthway’s priority health areas the project seeks to address (you may select more than one) and/or nominate another health promotion issue by selecting ‘other’.

Define and explain the relative importance of the specific health area(s) to be addressed. Justify with supporting data where possible. Outline the opportunity the project will provide to address Healthway’s strategic priorities (refer *Strategic Plan 2024-2029: Creating a healthier Western Australia together*).

▼ Timeline

We must receive your funding request with all required attachments at least five calendar months before your project start date.

Project start date:

Project finish date:

Please upload a timeline and a list of the project’s activities by clicking on the + button below.

Timeline

TIMELINE DOCUMENTS

▼ Planning a Health Promotion Project

Objectives:

Please list below your health promotion objectives. Your objectives need to be “SMART” - Specific, Measurable, Achievable, Relevant, Time Specific.

Strategies:

Please provide detailed information on the project’s strategies or activities and how they will support your objectives, health content and project implementation. In doing so, please consider the following:

- Are your strategies effective in achieving the desired outcomes?

- Have they proved to be effective with the specific target groups, e.g. culturally sensitive, in an appropriate language?
- Do they meet the current level of resources in terms of time, money, staff, and equipment?
- Do they have the potential to reach the largest proportion of the target group?

This section should explain in detail what you plan to do and should be the largest section of your application.

Evaluation:

Provide detailed information on the outcomes that will be evaluated as part of this project. The evaluation should relate to the project's objectives, amount of money, time and staff invested in the project. For example:

Short term evaluation (process measures)

- Levels of participation
- Participant's satisfaction with the project
- Project reach
- Recall of key messages
- The quality and accessibility of resources

Intermediate evaluation (impact measures)

Changes in:

- Knowledge, skills or attitudes
- Behaviour
- Public policy
- The extent of policy implementation
- The environment
- The nature of service provision
- Social support structures
- Patterns of community participation

Long term outcomes (outcomes measures)

- A change in health status such as reduced risk factors, mortality, morbidity or disability, or improved quality of life (please note: This is not a realistic outcome for short term projects).


▼ Sustainability

Outline how the activities will continue beyond Healthway funding? Describe how you plan to ensure the key project activities will be sustainable.

▼ Sharing the results

How will you share the results of your project to the community and others?

▼ Budget and Financial Statements

 Minimum amount is \$5,000 for this request.

Please indicate below how much funding you are requesting and the total cost of your project. Please do not include GST.

The minimum request amount is \$3,000.

Year 1

Amount Requested: \$0.00

Project Cost: \$0.00

Year 2

Amount Requested: \$0.00

Project Cost: \$0.00

Year 3

Amount Requested: \$0.00

Project Cost: \$0.00

Total Amount Requested: \$0.00

Total Project Cost: \$0.00

Budget Breakdown

Please include a detailed budget breakdown for all items required for the entire duration of the project, including staffing, resources etc.

Please note:

- If staffing costs are requested, please indicate the FTE and salary scale, and identify the on-costs separately.
- Identify all other sources that have been approached to fund the project and if funding has been confirmed.
- List any 'in-kind' or funding support from other sources/partners.
- Include costs to participants (if any).
- Please do not include GST. If your organisation is registered for GST, then Healthway will gross up the approved grant for the GST liability upon the issue of a Recipient Created Tax Invoice (RCTI).

Please attach the following documents to support your request:

- Quote(s) - include any quotes/estimates used to develop your budget if applicable.
- Any other document that was used to develop your budget or support your monetary request.

Please use the template below by clicking on the blue '+' button to add rows or create your own budget and submit it as an attachment to your application by clicking on the green '+' button next to Budget Supporting Documents.

Budget items	Amount requested from Healthway	Amount contributed in-kind or by other confirmed funding sources
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As part of your funding request, you are required to submit your organisation's latest financial statements. Please ensure that you have the current year statements and select '+' on the right to upload.

Current Financial Statements

BUDGET SUPPORTING DOCUMENTS

▼ Consultation and Partnerships

Please describe the participants and key health and community organisations you have consulted with to develop this project.

Healthway generally requires applicants to form partnerships with appropriate groups or organisations, particularly when the applying organisation does not have health promotion skills. Please list those groups that are partners in this project and details of budget and 'in-kind' support provided. Please upload letters of support where possible by clicking on the '+' button next to Partnership Supporting Documents.

If your project intends to work with Aboriginal people and/or communities, please refer to our policy on **Aboriginal engagement**.

PARTNERSHIP SUPPORTING DOCUMENTS

▼ Staffing and management

Please outline proposed staff, salary award and management structure, reporting and recruitment arrangements, where applicable.

For major applications above \$50,000, provide a brief summary of relevant skills for the key people involved, including their experience and credentials in relation to the identified health issue(s) and target group(s). Please also include a list of the proposed project management committee members and structure, including names, positions and previous experience with project management (if applicable) by clicking on the '+' button next to Staffing Supporting Documents below.

Where appropriate, representatives from the target groups should be consulted. Please let us know what other experts may be involved.

STAFFING SUPPORTING DOCUMENTS

▼ Co-Supporters

Does your Organisation have any proposed or confirmed dealings, arrangements or contracts with organisations that seek to promote, advertise or endorse alcohol, unhealthy food or drinks, gambling or tobacco/e-cigarette products?

▼ Project Reach

Early Years (children 0-5 years of age):

Children (6-12 years of age):

Young People (13-17 years of age):

Adults (18-54 years of age):

Seniors (aged 55+):

Total reach: 0

▼ Priority Populations

Early Years (children 0-5 years of age)		
Children (6-12 years of age)		
Young People (13-17 years of age)		
Aboriginal and Torres Strait Islander People		
Rural and Remote Communities		
Culturally and Linguistically Diverse Communities (CALD)		
People Experiencing Disadvantage		
People With Disabilities		
LGBTQIA+ Community		
Subtotals	0	
Total	0	

Please select the primary region(s) in WA where the activity will be delivered.
Note: if more than three regions apply, please select Statewide.

▼ Supporting Documents

Please upload any supporting documents, such as letter of support by clicking on the '+' button on the right.

SUPPORTING DOCUMENTS

Please click on [Save and Close], and when the page has closed please click on [Submit] at the bottom of your screen.

▼ Partners *

Publicity Officer:

Politician:

Is this Politician being invited in their Electoral or Ministerial role?

Initial Reviewer:

Assessor:

Manager Review:

Manager Review #2:

Responsible Group:

Finance Reviewer:

▼ Coding *

Program: Healthy Communities Program

Sub Program: Health Promotion

Primary CIF Outcome :

Primary Focus Area:

Primary Objective (min 1 / max 2)

Primary Activity (min 1 / max 3)

Secondary Focus Area (min 0 / max 1):

Secondary Objective (min 0 / max 2)

Secondary Activity (min 0 / max 3)

Target Group (min 1 / max 5)

▼ Checks and Validation *

Validate Condition of Funding:

Is this a new legal entity?

Is this a variation upwards?

Significant Grant:

I declare that I have no actual, perceived or potential conflicts of interest (financial, personal or other) in this application or the applicant. I will immediately notify Lotterywest/Healthway of any change in circumstance that affects that belief.

Initial Reviewer:

▼ Assessment *

Anticipated Board meeting date:

▼ Summary of Request

Grantee Project Summary:

Request Summary:

▼ Summary of Organisation

Organisation Description:

This is a test organisation created for testing purposes.

Acquittal History: The organisation has a satisfactory acquittal history

▼ Organisation Grant History

When to add

Sentence to be added

Must be included for all requests where the applicant has been previously supported.

Since [year of first HW grant] the organisation has received [number of] grants totalling \$[value] from Healthway. Over the past three years, the organisation has received [number of] grants totalling \$[value].

Must be included for all first-time requests.

This organisation has not received a Healthway grant previously.

OR

This organisation has not received a Healthway grant previously. However, they have received [number of] grants totalling \$[value] from Lotterywest in the past three years.

To be included where funding has been received from both Lotterywest and Healthway in the three years to the Board meeting date.

Additionally, they have received [number of] grants totalling \$[value] from Lotterywest in the past three years.

Where the org has acquittal challenges in the three years to the Board meeting date.

In [year] the organisation had challenges acquitting [number of] grants, however with [high level details of changes] the organisation has successfully acquitted [number of] subsequent grants.

OR

In [year], the organisation had challenges acquitting [number of] grants, however [high level detail of how this is being managed if no subsequent grants have been acquitted].

Organisation Grant History:

▼ Assessment of Request

Priority Group and Reach:

Consultation and Partnerships:

Assessment Consideration:

Organisation Capacity:

Priority Health Area

Priority Health Area Sub Outcomes

Expected Outcomes:

Health Message:

Amount Recommended Year 1: \$0.00

Recommended Year 1 (yyyy):

Amount Recommended Year 2: \$0.00

Recommended Year 2 (yyyy):

Amount Recommended Year 3: \$0.00

Recommended Year 3 (yyyy):

Total Amount Recommended:

Recommendation:

Conditions:

Summary for Minister:

Summary for Publication:

Contributions by Other Organisations:

Assessment Notes:

▼ Contract Establishment

Acquittal Due Date:

Co Supporter Concerns:

Notes for Contract Management:

Funding Sources

No Funding Sources available

The grant amount will reflect Request Amount until the grant is Approved.

I declare that I have no actual, perceived or potential conflicts of interest (financial, personal or other) in this application or the applicant. I will immediately notify Lotterywest/Healthway of any change in circumstance that affects that belief.

Assessor:

Manager Reviewer:

Executive Director Reviewer:

▼ Conflict of Interest *

CONFLICT OF INTEREST

▼ Internal Administration and Dates *

Submission Date:

Request Processing Date:

Board Meeting Date:

Minister Sign Date (Start Date):

Contract Sent Date:

Contract Signed Date:

Acquittal Due Date:

Revised Acquittal Due Date:

Acquittal / End Date:

Updated At:	15/1/2026
Updated by:	Bob Bobbleson
Created At:	15/1/2026
Created By:	Bob Bobbleson

NOTES

HISTORY

Show History

► Signals (0 Signals)

▼ Award Information *

Year 1

Amount Recommended:

Recommended Year

Granted Year:

Granted Amount: \$0.00

Year 2

Amount Recommended:

Recommended Year

Granted Year:

Granted Amount: \$0.00

Year 3

Amount Recommended:

Recommended Year

Granted Year:

Granted Amount: \$0.00

Year 4

Amount Recommended:

Recommended Year

Granted Year:

Granted Amount: \$0.00

Year 5

Amount Recommended:

Recommended Year

Granted Year:

Granted Amount: \$0.00

Total Granted Amount: \$0.00

Reports

No Reports available

Payments and Refunds

[Add Payment](#)

No transactions available

▼ Documents and Emails *

▼ Internal Documents

DOCUMENTS

▼ Emails

EMAILS

▼ Automatic Emails

AUTOMATIC EMAILS

▼ Tasks *

Tasks

▼ Meetings and Engagement *

Meetings and Engagement