

Status

Draft

Before You Begin

Before starting your funding request, please make sure your organisation's details are up to date, such as:

- Latest Financial Statement
- Annual Report or AGM minutes
- Legal signatory details and other governance documents.

If you need to update any of these details, please select [Save and Close] at the bottom of this page and then select your organisation under the Organisation heading in the menu on the left-hand side of your screen.

Your organisation's details will need to be verified by our Customer Service team, which will take up to two business days. You will be able to submit your funding request once your organisation has been validated.

How to Submit

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

Please Note

The Portal does not automatically save your work, so please make sure you click on either [Save] or [Save and Close] button below before you exit out of the Portal.

Bold denotes a mandatory field.

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▼ Organisation Information

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

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

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 have reviewed my organisation's information in the Portal and have provided updated information where needed. No

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:

Organisation Status:

Warning: Organisation is not in a Validated status. It will need to be validated to submit this request - please follow up on the status of your Organisation, or link one that is validated.

Primary Contact:

Primary 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?

▼ Request Details

Program Area

To be eligible to apply for Healthy Partnership funding, organisations must first satisfy the general eligibility criteria which is outlined in the *Over \$5,000 and Up to \$5,000 Healthy Partnership Guidelines*. Please read the guidelines before completing this form.

Are you requesting over \$5,000 for this request? Yes

Is this a new project that has not previously been undertaken by your organisation?

Project Title:

In 50 words or less, please provide a short summary of your proposed project and what you are applying for:

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'.

Over \$5,000 requests must be submitted at least five months prior to the project commencing.

Start Date:

End Date:

Website for Project:

▼ Project Plan

Health Promotion Plan

For requests over \$5,000, you will need to complete a Health Promotion Plan, which outlines your health promotion objectives and how you will achieve them. To help you develop a Health Promotion Plan, please read the Best Practice Guide. Both of these documents are available on our website.

Once you have completed your Health Promotion Plan, you can upload it below by selecting the '+' on the right.

Health Promotion Plan

HEALTH PROMOTION PLAN

Consultation and Partnership

Consultation:

Partnership:

▼ Project Reach

	Participants/Organisers	Spectators/Audience
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 (55+ years of age)		
Subtotals	0	0
Total	0	

How did you generate this project reach?

Will the project result in repeat exposures to the total population e.g. a multi-week program to the same audience?

Other Information:

▼ Priority Populations

	Participants/Organisers	Spectators/Audience
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	Participants/Organisers	Spectators/Audience
Subtotals	0	0
Total	0	

Please select the primary region(s) in WA that will benefit from this grant.
 Note: if more than three regions apply, please select Statewide.

▼ Project Budget

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

As part of your funding request, you are required to submit a budget, which includes the details of all income and expenses associated with the project (excluding GST).

For an example budget, click [here](#). You can also choose to upload your own. Please select '+' on the right once you are ready to upload your budget.

Project Budget

PROJECT BUDGET

▼ Other Funding

Please enter the details of other organisations that are also providing funding in the table below:

Note: Please enter the other cash contributions in the 'Value (\$ plus in kind)' field.

Name (i.e.	Type (i.e.	Value (\$ plus	Contract	Confirmed
------------	------------	----------------	----------	-----------

	brand/company/organisation) Name (i.e.	sponsorship or grant) Type (i.e.	in kind) Value (\$ plus	Expiry Contract	Confirmed
1					
2	brand/company/organisation)	sponsorship or grant)	in kind)	Expiry	
3					
4					
5					
6					
7					
8					

▼ 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?

▼ Healthy Policies

Is your Organisation able to adhere to Healthway's Minimum Health Requirements and Healthy Food and Drink Provision policies? You can find these policies [here](#).

Minimum Healthy Requirements

Healthy Food and Drink Provision

▼ Documents

If you have any other supporting documents please upload them below.

SUPPORTING DOCUMENTS

We are passionate about working with the organisations we fund to empower the community to adopt healthier lifestyles. We look forward to assessing your funding request.

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 Review:

Manager Review:

Manager Review #2:

Responsible Group:

Finance Reviewer:

▼ Coding *

Program: Healthy Partnership Program

Sub Program:

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: False

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: False

▼ 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: 7/11/2024

Updated By: Ashlee Hall

Created At: 7/11/2024

Created By: Ashlee Hall

NOTES

HISTORY

Show History

► Signals (0 Signals)

▼ Award Information *

Year 1

Recommended Year

Amount Recommended

Granted Year:

Granted Amount: \$0.00

Support Amount: \$0.00

Total Committed

Year 2

Recommended Year

Amount Recommended

Granted Year:
Granted Amount: \$0.00
Support Amount: \$0.00
Total Committed

Year 3

Recommended Year
Amount Recommended
Granted Year:
Granted Amount: \$0.00
Support Amount: \$0.00
Total Committed

Year 4

Recommended Year
Amount Recommended
Granted Year:
Granted Amount: \$0.00
Support Amount: \$0.00

Year 5

Amount Recommended
Granted Year:
Granted Amount: \$0.00
Support Amount: \$0.00

Total Granted Amount: \$0.00
Total Support Amount: \$0.00
Total Committed 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