Healthy Partnerships
ID: R-202611-93173
Assessor:

Requested Amount:
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.

▼ Table of Contents

▼ 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. No

(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:

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? No

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

Project Title:

Please provide a detailed 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'.

Up to $5,000 requests must be submitted at least four months prior to the project commencing.

Start Date:

End Date:

Website for Project:

▼ Project Plan

Which priority health area (from Healthway's Strategic Plan) will your project address? For example, promote healthy eating, promote mental wellbeing etc.

Please explain how you will promote your chosen health issue through your project (e.g. naming rights, signage, social media, newsletter, logo on clothing, distribution of educational materials, verbal acknowledgement, competitions etc.):

Please outline how you will encourage your selected priority population groups to attend or participate in your project (e.g. working with members of the priority population group in the development of the project to tailor the activities to the priority population).

Please outline any consultation you have undertaken or partnerships you have formed to deliver this project. This may include health or other community organisations.

▼ Project Reach

	Participants/ Organisers	Spectators/ Audience
Early Years (children 0-5 years of age)		

	Participants/ Organisers	Spectators/ Audience
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 and Financial Statements

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

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).

Healthway's preferred budget template can be downloaded here. You can also choose to upload your own, but please ensure that costs you wish Healthway to cover are clearly identified in the appropriate column. Please select '+' on the right once you are ready to upload your budget.

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.

Project Budget

Current Financial Statements

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. brand/company/organisation)	Type (i.e. sponsorship or grant)	Value ($ plus in kind)	Contract Expiry	Confirmed
1					
2					

	Name (i.e. brand/company/organisation)	Type (i.e. sponsorship or grant)	Value ($ plus in kind)	Contract Expiry	Confirmed
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 Health Requirements

Healthy Food and Drink Provision

▼ Creating Healthy Environments

Please provide us information about your proposed activities below:

If catering is provided, sugary drinks will not be on display:

Free drinking water will be provided:

If your organisation serves food from a kiosk or similar outlet, an organisation representative will complete the free WA School Canteen Association, Fuel to Go & Play training:

Your organisation will review canteen/kiosk food using the Fuel to Go & Play traffic light system:

If your organisation is contracting food vendors, you will ensure that healthy food options are available:

Your organisation will not use alcohol or unhealthy food and drink as prizes, awards, promotions:

Responsible service of alcohol provision will be adhered to, where appropriate:

All indoor and outdoor areas under the control of your organisation must be maintained as smoke-free (including E-cigarettes/vaping products):

If the project is outdoors, adequate shade will be provided:

A Healthy Environments Policy will be developed (or already exists):

*Healthway has developed a **template** to support organisations in writing your Policy.*

Your Healthy Environments Policy (or an existing one) is required to be submitted to Healthway on completion of the project.

▼ Documents

Conditions of Funding
You are required to complete and submit a Healthway Conditions of Funding form as part of this request. Please note this document must be signed by your legal signatory(s). Click here for more information about who can sign the Conditions of Funding.

Organisation/entity type	Signatory requirements
Incorporated groups	President/Chairperson and co-signed by a committee member
Aboriginal Corporations For Profit Company Not for Profit Companies Not for Profit Trusts	Two Directors, or One Director and a Company Secretary
Local Government Authority (LGA)	Chief Executive Officer

Legal Signatory(s) listed against your organisation:
Delegated Signatory(s) listed against your organisation:

Please note: if your Condition of Funding is not signed by the correct legal signatory(s), your request may be delayed.

Conditions of Funding

CONDITIONS OF FUNDING

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.