

New Partnership Application

Please read Healthway's Healthy Partnership Guidelines for funding applications **Over \$5,000** or **Up to \$5,000** for details on how to apply. Before applying, all applicants are encouraged to contact Healthway's Healthy Partnerships Team on 133 777 or email healthway@healthway.wa.gov.au.

*** Title**

Please provide the title of the proposed project(s)

*** Program Area**

*** Years of funding requested**

You can request funding for multiple years, up to a maximum of 3 years

Years

Year 1

*** Cost in dollars**

Enter the estimated cost of the entire project

*** Requested in dollars**

Enter the amount you are applying for

Start date

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

The system will automatically calculate 5 months lead time based on the current date

End date

Over \$5,000 applications must finish within 3 years of their start date.

Example – Healthway over \$5,000 application form

Website for project /event

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

Description

Please provide a description of the project to be supported.

2600 characters left

*** Nominate a priority health area that best aligns to your project**

To be eligible to apply for Healthy Partnership funding, organisations must first satisfy the general eligibility criteria which is outlined in the Healthy Partnership Guidelines. Healthy Partnership Guidelines for funding applications **Over \$5,000** or **Up to \$5,000**.

Please carefully read all sections of the partnership guidelines before completing this form.

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Contact People

Legal Signatory

Please provide the details of your legal signatory.

The Legal Signatory is the person who is legally able to enter into contracts on behalf of the organisation

You must provide a Legal Signatory

Title

First name

Last name

Position

Email

Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

If you want to enter a landline enter the 2 digit Area Code followed by the 8 digit phone number

2nd Legal Signatory

If by law your organisation requires more than one signatory for authorisation i.e. for Aboriginal Corporations, Not-for-profit companies and Trust, please complete the 2nd legal signatory section below.

Title

First name

Last name

Position

Email

Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

CEO, General Manager or equivalent

This contact is not mandatory

Title

First name

Last name

Position

Email

Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

Best person to speak with about this application

Title

This contact is mandatory

First name

Last name

Position

Email

Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

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Organisation General Information

Search for existing organisation:

Please search to see if your organisation has been previously funded by Healthway

Organisation General Information

Search for existing organisation:

We could not find an organisation with that name.
Would you like to [create a new organisation?](#)

If your organisation doesn't exist in the Healthway database click the 'create a new organisation' link

Organisation General Information

Search for existing organisation:

Name

Shire of Boddington

Postal Address

39 Bannister Road

Suburb

BODDINGTON

Postcode

6390

State

WA

Organisation Website

If your organisation is found you can click the 'Select this organisation' button

Select this organisation

or

create a new organisation?

Organisation General Information

Not your organisation?

Name

[Edit](#)

Postal address

[Edit](#)

Suburb

[Edit](#)

Postcode

[Edit](#)

State

[Edit](#)

Organisation website

Profile

Please provide a brief profile of your organisation (include core functions, target markets and a brief history).

2600 characters left

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Bank Account Details

Please provide details of your organisation's main operating bank account. Note, you are also required to upload a bank statement (including bank header, BSB and account details) to verify bank details provided.

Have the bank account details changed since your last request? If unsure click Yes.

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No

Yes

Bank Account Details

Please provide details of your organisation's main operating bank account. Note, you are also required to upload a bank statement (including bank header, BSB and account details) to verify bank details provided.

Account name

Bank name

BSB

Account Number

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GST Information

Please select one of the following:

Australian Business Number (ABN)

*** ABN**

This must be a valid ABN, check via <https://abr.business.gov.au/>

*** GST registered**

Yes No

If your organisation is registered for GST, Healthway will gross-up the approved partnership funding for GST liability upon the issue of a Recipient Created Tax Invoice.

Application for an ABN has been made to the ATO

Statement By Supplier Form

If eligible, please visit www.ato.gov.au

File type must be PDF

*** File**

No file chosen

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Organisation Status

Please select the one that best describes your entity type:

- Incorporated Association under the Associations Incorporation Act 2015 (WA) or an Indigenous organisation under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI).
- Company registered under the Corporations Act 2001 (Cth).
- Statutory Body (e.g. State government school, Public Health Unit, Local Government Association).
- Trust, operating via a Trustee.

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Health Promotion Plan

Read the **Best Practice Guide** and follow the step-by-step instructions to develop a Health Promotion Plan.

This will include details of the aim, objectives and strategies of your project and how it will be reviewed.

Please also ensure your Health Promotion Plan details how you will meet Healthway's Minimum Health Requirements Policy and Healthy Food and Drink Provision Policy, where applicable, as this is a requirement of funding. Healthway's policies (<https://www.healthway.wa.gov.au/our-funding/our-policies/>).

Additionally, you are asked to provide details on the programs through which the health promotion outcomes detailed in your Health Promotion Plan will be achieved.

Please **download the Health Promotion Plan template here**

Consultation and Partnership

Briefly outline the consultations that your organisation has undertaken or plans to undertake as part of your proposed project. This should include any health or community organisations, participants and/or the broader community.

2600 characters left

Are you working with any other partners on this project? If so, please provide details below:

2600 characters left

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Locations

Please select one or more of the following location categories in which the project will be held, and list the locations (maximum of ten).

Year 1

Please enter only Suburb names not a street address

Remote

An isolated location with a population of generally less than 200.

Add Location

Rural

Locations outside of capital cities and regional centers, which are also not remote locations.

Add Location

Regional

Include: Albany, Broome, Bunbury, Busselton, Geraldton, Kalgoorlie and Mandurah.

Add Location

Metro

Perth metropolitan areas.

*** Name**

Subiaco, Riverton

Remove Location

Add Location

Healthy Environments

Is your organisation able to adhere to the below Healthway's policies:

Minimum Health Requirements

- Yes
- No

Co-Supporters

- Yes
- No

Healthy Food and Drink Provision

- Yes
- No

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Project Reach

Healthway is interested in how many people will be involved in the project and how many people it will reach, particularly those in our priority groups.

Participants / Organisers

Includes all people who will actively participate in or organise the project, including volunteers.

Spectators

If there are spectators involved in your project, please identify the number of people, including their age category, who will specifically attend to watch the activities. Please do not include people watching the activities at home.

Age Group	Participants / Organisers		Spectators	
	Male	Female	Male	Female
Children 12 and under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Young people 13-17 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adults 18-54 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seniors 55+ years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you generate this total?

- Current numbers
- Market research
- Previous projects or events
- Estimation

You can choose more than one of these options

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

- Yes
- No

What percentage of the total reach would be participants and spectators attending more than once?

2600 characters left

Please provide any other anticipated reach information that may assist your partnership application i.e. growth in membership/subscription or participant/spectators over the past year.

Comments

2600 characters left

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Priority Populations

Healthway has identified the following priority population groups:

- Young people and children (people aged 17 years and under).
- Aboriginal and Torres Strait Islander people.
- Rural and remote communities (people living outside the Perth metropolitan area or major regional centre. Remote communities are generally isolated, with a population of less than 200).
- Culturally and linguistically diverse communities (CALD).
- People disadvantaged through economic factors.
- People disadvantaged through social or educational factors.
- People with disabilities.

Please enter the anticipated number of both participants and audience / spectators from Healthway's priority groups.

Young people and children

Aboriginal and Torres Strait Islander people

A value must be entered for each priority group – entering 0 (zero) is valid

Rural and remote communities

Culturally and linguistically diverse communities (CALD)

People disadvantaged through economic factors

People disadvantaged through social or educational factors

People with disabilities

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Co-supporter Declaration

Please complete the following table with details of any proposed or confirmed dealings, arrangements or contracts whereby you are promoting, advertising or endorsing, or allowing the advertising, promoting or endorsing of, any tobacco, alcohol, food, gambling or non-alcoholic drinks in association with any program, event or activities of your organisation.

Note: You may be required to provide additional information depending on the nature of your agreement with the co-supporter(s).

Category	Product	Brand	Actions	
Alcohol 	Wine	A good brand	Remove	
Add				
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Other Funding

Please complete the following table with income details of all proposed or confirmed sponsorships and grants (excluding Healthway) associated with the project.

Name of Brand/Company/Organisation	Type i.e. Sponsorship/Grant	\$ Value In Kind Value of Funding	Contract Expiry	Confirmed	Actions
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Budget

A budget is required with details of all income and expenses associated with the project (excluding GST).

Please upload your budget with the other supporting documents as listed below.

Supporting Documents

You are required to upload the following supporting documents:

- Project Budget – details of income and expenditure (excluding GST) associated with the project
- Recent Bank Statement (main operating account)
- Two most recent Financial Statements
- Constituent Document (e.g. Constitution, Rules of Association, Trust Deed)
- Co-supporter Declaration Form (only if applicable)
- Health Promotion Plan (if the requested amount is over \$5,000)
- List of current Directors/Board or Management Committee members

You must also complete a [Co-Supporters Declaration](#). Completing this form doesn't exclude your application from consideration by Healthway. This will be addressed as part of the assessment process.

If you have any other supporting documents (in addition to the above), please upload them now.

Note: Files types accepted are txt, rtf, doc, docx, odt, ods, xls, xlsx, pdf, xps, jpg, gif, png, jpeg. The maximum file size is 5.0 MB.

[Upload a file](#)

- I have uploaded all required documents to support my application.
- I have uploaded a completed Co-Supporters Declaration.

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Declarations

Healthway is collecting information in this Application Form (including all attachments) for the purposes of assessing and awarding applications for Funding. Information collected will be accessed and used by Healthway for this purpose, as outlined below and in the Healthway Privacy Policy.

Healthway may disclose details of:

- a) funding applications and information provided in the Application Form, including contact details of officers of the applicant organisation (**Customer**);
- b) all information relating to any funding provided to the Customer; and
- c) any of the Customer's previous funding and acquittal history with Healthway,

to referees, members and employees of the Western Australian Health Promotion Foundation, Members of Parliament, other Government agencies or departments or other Western Australian statutory authorities for the purpose of advising on, processing, analysing, evaluating, promoting or reporting the application or the funding or enabling the other government entity to process and assess any other grant applications submitted by the Customer and otherwise in accordance with the Healthway Privacy Policy.

Details of application requests and approved funding may be made available on the Healthway website, in Healthway annual reports, to Members of Parliament and other Government agencies or departments or Western Australian statutory authorities, to members of the Western Australian Health Promotion Foundation, to others for research and work purposes and in the media and other publications, as deemed appropriate by Healthway (collectively **Other Sources**). Customer information provided via this Application Form will be available to other authorised representatives of the Customer and Healthway staff.

Terms and Conditions

The Customer and I acknowledge and agree to the following:

1. I am authorised to act on behalf of the Customer to make funding applications.
2. I warrant that all information made or given in relation or preparatory to the Funding is true, correct, complete and in no way misleading or deceptive.
3. I have obtained the necessary consent from the Customer to ensure that I can agree to the information being disclosed and used by Healthway as outlined in these Terms and Conditions.
4. I have read, understood and obtained the necessary consent from the Customer to agree to and meet the requirements of the Healthway Partnership Program Guidelines for all projects and/or activities for which the Funding is to be used.
5. A Conditions of Funding document has been signed by the person(s) legally able to enter contracts on behalf of the Customer and is attached.

*** Application submitted by:**

Please type your name so that Healthway knows who submitted this application

*** Date:**

*** The Applicant declares that the information provided in this application is true and correct**