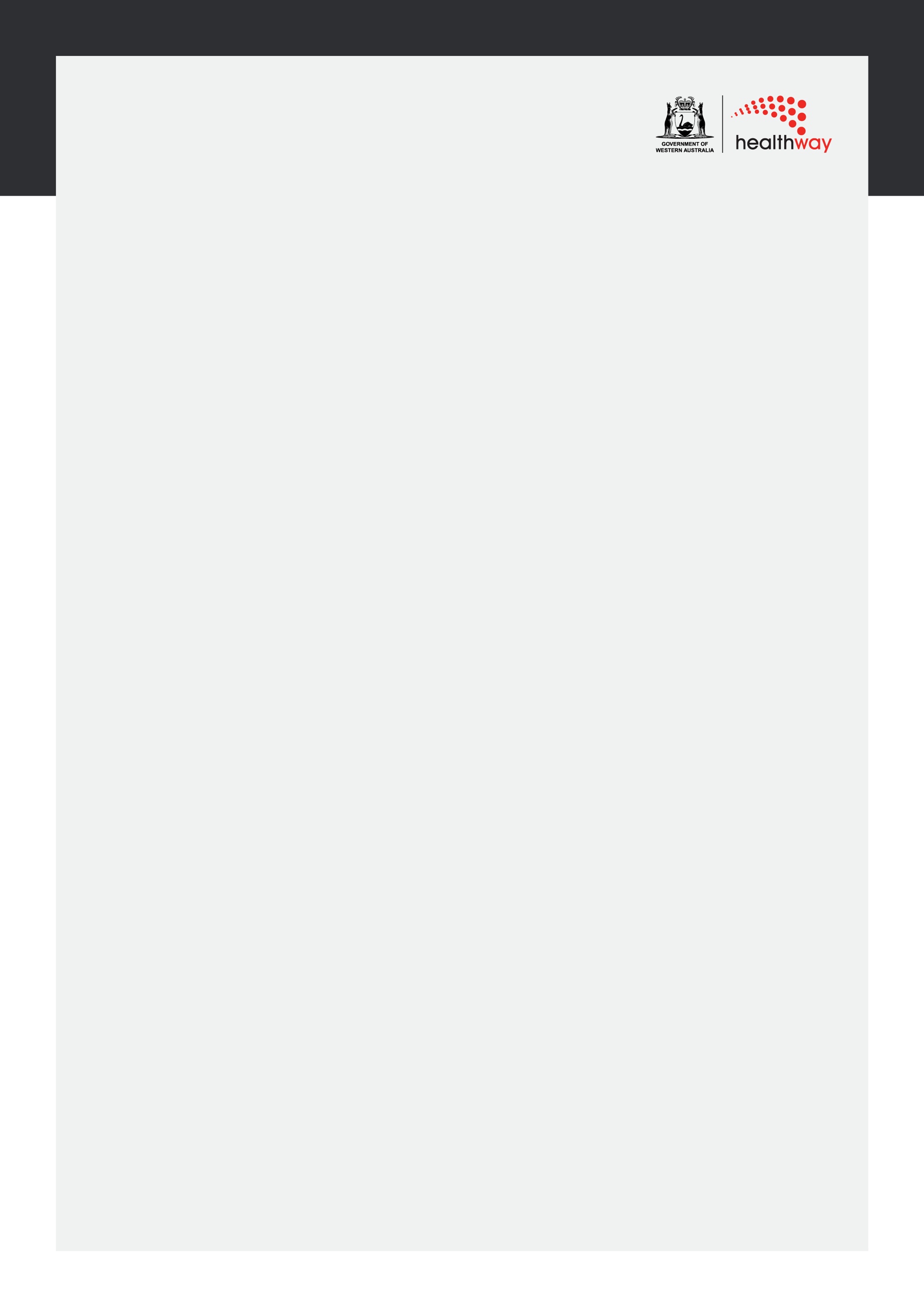
Word

Our **Healthy Communities Program** works in partnership with organisations to create a healthy and more active Western Australia.

Our funding is prioritised by the health issues and population groups outlined in our Strategic Plan, [*Active Healthy People: 2018-2023*](https://staging.www.healthway.wa.gov.au/our-priorities/active-healthy-people-2018-2023/).

**GUIDELINES FOR ABORIGINAL HEALTH GRANTS – UP TO $10,000**

**Applications must be received by Healthway at least five (5) calendar months before the commencement of your project.**

Healthy Communities

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These Guidelines provide an outline of Healthway’s Healthy Communities Program, including details around eligibility requirements, the application and assessment process.

Please contact the Health Promotion and Research Team at Healthway to discuss your ideas prior to developing your proposal on 133 777 or email [healthway@healthway.wa.gov.au](mailto:healthway@healthway.wa.gov.au).

### Healthy Communities Aboriginal Health Grants

The objectives of this program are:

* To fund activities related to the promotion of good health among Aboriginal people and/or communities
* To provide grants to organisations engaged in Aboriginal health.

Applications for Healthy Communities grants should aim to increase individual knowledge and skills, change behaviour and implement community and organisational policies to create environments that support good health.

Healthway Strategic Priorities

Healthway’s Strategic Plan: [*Active Healthy People: 2018-2023*](https://staging.www.healthway.wa.gov.au/our-priorities/active-healthy-people-2018-2023/)details our priorities across five strategic health areas:

* Increasing healthy eating
* Increasing physical activity
* Improving mental health
* Preventing harm from alcohol
* Creating a smoke-free WA.

*Active Healthy People: 2018-2023* reflects current evidence and complements both state and national health promotion plans, strategies and policies.

We acknowledge many people in our community, including Aboriginal people, face barriers to good health and we remain committed to working with a range of partners to find new and innovative ways to achieve better health for Western Australians that need it the most.

Eligibility

Eligible organisations include:

* Incorporated associations under the Associations Incorporation Act 2015 (WA).
* Indigenous organisations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI).
* Companies registered under the Corporations Act 2001 (Cth).
* Statutory Bodies (e.g. State government school, Public Health Unit, Local Government Association).
* Trusts, operating via a Trustee.

In addition, to be eligible to for funding you must:

* Be ABN registered or provide an ATO ‘Statement by Supplier’ form.
* Have fulfilled all previous acquittal requirements for Healthway funded programs.
* Maintain a general public liability insurance policy of a least $10,000,000 for the term of the project.
* Have appropriate Health and Safety and Risk Management policies and practices in place to deliver the project.
* Comply with all State and Commonwealth Laws which apply to the project.

Funding Cannot be Used for

* Any activity or event that does not occur in Western Australia.
* Overseas and interstate travel, camps, conferences, trade exhibitions, events, workshops, catering and food.
* Capital works, equipment, fundraising, purchase of infrastructure or costs associated with running an organisation.
* The advancement or promotion of religion, religious outlook or faith-based activities.
* The advancement or promotion of a political organisation or political outlook.
* School activities that form part of the core curriculum.
* Activities that are already established, have been previously trialled or duplicate existing activities.
* Ongoing projects that require continuing support.
* Programs that are the responsibility of State or Federal Government. However, this may not preclude corporate ventures.
* The production of films, videos, books, pamphlets and publications that are not part of a broader program.
* Treatment/rehabilitation/counselling/therapy and direct health service delivery or the provision of food and welfare assistance.
* Projects that are not based on best practice in health promotion.

### Requirements for Funding

**Co-Supporters Policy**

* Organisations and their affiliates cannot accept any form of funding from tobacco companies or their related foundations or have any direct or indirect arrangements, connections or dealings with the tobacco industry.
* Organisations may not be eligible for funding if they receive funding or have an association with unhealthy brands or companies (Food and drinks, alcohol, and gambling). Please review our [Co-Supporters Policy](https://www.healthway.wa.gov.au/our-funding/our-policies/) for more information.
* If applicable, please complete the declaration form relating to supporters that use unhealthy brands (monetary or product) either directly or through a third party. The Co-Supporter Declaration Form will need to be attached to your application when it is submitted.

**Working with Children**

* Organisations that receive Healthway funding are required to comply with the Working with Children (Criminal Records Checking) Act 2004 and conduct criminal record checks for employees and volunteers as required. More information is available [here](https://workingwithchildren.wa.gov.au).

### Application and assessment process

Applicants are required to complete an application form at the back of this document. All applications are assessed by Heathway and recommendations are approved by the Board and Minister for Health. During the assessment process we may liaise with other relevant stakeholders including Lotterywest and/or funding partners.

We are looking to fund projects that:

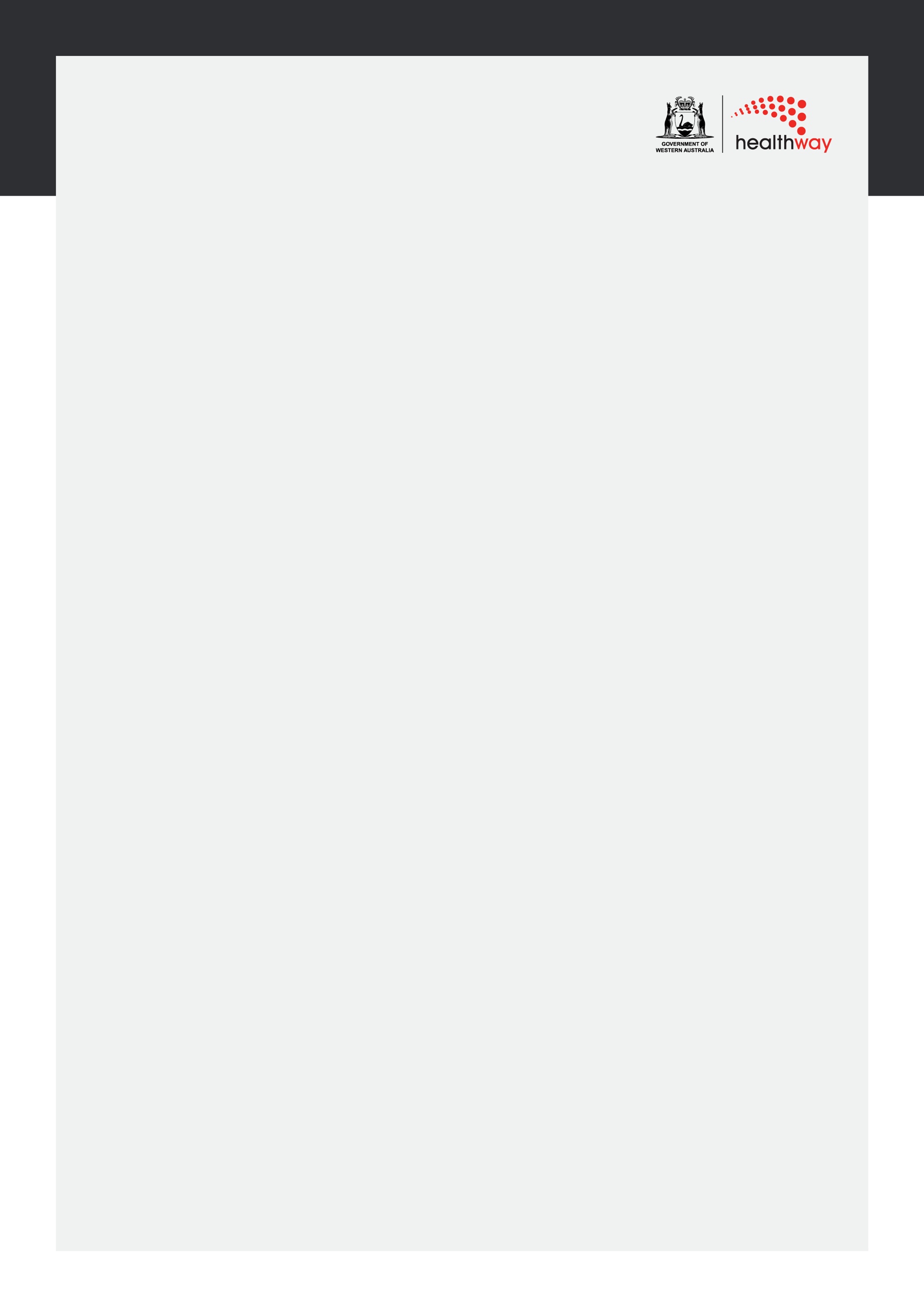
* Promote health or prevent illness in the community.
* Can be run as a pilot and which can be used as a model in other communities.
* Use community-based approaches to address Aboriginal health.
* Aim to improve Aboriginal health in community settings and actively involve the formation of partnerships with groups or organisations working in those settings.

Your application will be assessed using a number of criteria including:

* The ability to reach Aboriginal people and/or communities.
* Its focus on health promotion or the prevention of illness or injury using a community-based approach.
* The potential of the project to increase knowledge, change attitudes or behaviours to improve health.
* The ability of the project or some of the activities to be ongoing after Healthway’s initial funding.
* If the project represents good value for money.

### Ready to Apply

1. Check that your organisation and project are eligible to apply.
2. Discuss your proposal with **Healthway** prior to submitting an application. Call the Health Promotion Team on 133 777.
3. Ensure your organisation can meet the requirements of funding and comply with the Program Guidelines and the Co-Supporters Policy.
4. Use the **Healthy Communities Grant – Aboriginal Health grants** application form following this section. All sections of the application form must be completed and the submission must include information on each of the areas requested.
5. Ensure you submit the required attachments being:
   1. Recent bank statement (from your main operating account)
   2. Two most recent financial statements
   3. Constituent document (e.g. Constitution, Rules of Association, Trust Deed)
   4. List of current Directors/Board or Management Committee members
   5. Conditions of Funding, executed by your legal signatory(ies)
   6. Co-supporter Declaration Form (only if applicable)
6. Make a copy of the application for your own records and send the original with all required attachments to Healthway via email to [healthway@healthway.wa.gov.au](mailto:healthway@healthway.wa.gov.au) **at least five (5) calendar months before** the commencement of your project.



**APPLICATION FORM – ABORIGINAL HEALTH GRANTS – UP TO $10,000**

Healthy Communities

Main  
heading here

### Application Form

|  |  |  |
| --- | --- | --- |
| Organisation details | Name:  Address for correspondence:  Telephone:  Website: | |
| Contact Person | Full Name (incl title):  Position:  Email:  Primary contact number:  Secondary contact number: | |
| Legal Signatory | Full Name (incl title):  Position:  Email:  Primary contact number:  Secondary contact number: | |
| 2nd Legal Signatory  *If by law your organisation requires more than one signatory for authorisation, please complete this section.* | Full Name (incl title):  Position:  Email:  Primary contact number:  Secondary contact number: | |
| GST Information | Australian Business Number (ABN):  *(If no ABN please complete and attach an ATO 'Statement by Supplier Form’)*  Is the organisation registered for GST?  Yes No | |
| Organisation Status  *Please select the one that best describes your entity type* | Incorporated Association under the Associations Incorporation Act 2015 (WA)  Indigenous organisation under the Corporations (Aboriginal and Torres Strait Islander) Act 2006  Company registered under the Corporations Act 2001 (Cth)  Statutory Body (e.g. State government school, Public Health Unit, Local Government)  Trust operating via its Trustee(s) | |  | | --- | |  | |  | |  | |  | |  | |
| Details of financial institution:  *A bank statement is required to be attachment to verify bank details.* | |  |  |  |  | | --- | --- | --- | --- | | Name of Main Operating Account |  | | | | Name of Institution  (include address) |  | | | | Account Number |  | BSB |  | | |
| Budget  *Note: Do not include GST.* | Total cost of the Project: $  Total requested from Healthway: $ | |
| Timeframes  *Remember your application must arrive at Healthway with all required attachments at least five (5) calendar months prior to commencement of your project* | Actual project commencement date:  Completion date: | |

### Project Details

|  |  |
| --- | --- |
| Project Title |  |

**Description of the project**

Give a clear a concise description of the proposed project.

|  |
| --- |
|  |

**Health Issue**

What is the specific health issue that this project will address? How do you know this health issue is a problem in your community? What opportunities will the project provide to address Healthway’s strategic priorities?

|  |
| --- |
|  |

**Target group**

How many people will participate? Please include estimates of numbers plus any other details about the target group. Use the table below to indicate which groups will be included.

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTICIPANTS** | **MALE** | **FEMALE** | **DESCRIBE YOUR TARGET GROUPS** |
| Children (under 12) |  |  |  |
| Youth (13 – 17) |  |  |  |
| Adult (18 – 55) |  |  |  |
| Senior (over 55) |  |  |  |
| Total: |  |  |  |

**Working in partnership with others**

Include the names of people and groups you have talked to about this project. Please indicate the organisations or groups who will be partners in the delivery of the project: Please refer to Healthway’s policy on [Aboriginal engagement](https://staging.www.healthway.wa.gov.au/our-funding/our-policies/) for further information.

|  |  |
| --- | --- |
| Organisation Consulted | Direct involvement |
|  | |  | | --- | |  | |
|  | |  | | --- | |  | |
|  | |  | | --- | |  | |
|  | |  | | --- | |  | |
|  | |  | | --- | |  | |

|  |  |  |
| --- | --- | --- |
| **Health Objectives** | **Strategies (actions)** | **Evaluation** |
| **Example: Increase sales of healthy foods at the canteen by 20%.** | **Develop a healthy school canteen policy**  **Replace 50% of unhealthy snacks, drinks and lunch options with healthy alternatives.**  **Market healthy food selections.** | **The policy is completed and endorsed by the school.**  **Record the percentage of healthy alternatives offered at the beginning and by the end of the program.**  **Monitor sales of healthy alternatives 3 months and 6 months after the changes have been made.** |
| **Objective 1** |  |  |
|  |  |
| **Objective 2** |  |  |
|  |  |
| **Objective 3** |  |  |
|  |  |
| **Objective 4** |  |  |
|  |  |

### Objectives, Strategies and Evaluation

Your objectives should be specific and measurable and describe the changes the project will bring about. The strategies are the actions you will undertake to achieve the objectives. Finally, your evaluation should measure the achievement of your objectives.

Ensure each strategy is addressed. Use additional pages if necessary.

**Budget**

Give a specific breakdown of how the money will be spent. Do not include GST.

|  |  |  |
| --- | --- | --- |
| Budget items | Amount requested from Healthway | Amount contributed in kind or by other confirmed funding source\* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total (exclusive of GST) |  |  |

**Keeping it going**

Outline how the project or aspects of the project will continue after the Healthway grant is completed.

|  |
| --- |
|  |

**Sharing of results**

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

|  |
| --- |
|  |

### 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:

1. funding applications and information provided in the Application Form, including contact details of officers of the applicant organisation (Customer);
2. all information relating to any funding provided to the Customer; and
3. any of the Customer’s previous funding and acquittal history with Healthway,
4. 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 Health Promotion Project Guidelines for all projects and/or activities for which the Funding is to be used.
5. I understand and have obtained the necessary consent from the Customer that in relation to the Funded project/activity, the Customer must not enter into, perform or participate in any dealings, arrangement or contract whereby the Customer is promoting, advertising or endorsing, or allowing the advertising, promoting or endorsing of, any alcohol, food and beverages, the promotion of gambling products to underage audiences and tobacco products (which is or is likely to impinge upon or conflict with the philosophy or objectives of Healthway) without Healthway’s prior written consent.
6. Where Healthway approves Funding, Healthway may make available, disclose or publish the Customer’s name, amount of the approved Funding and the Project to the Other Sources.

The applicant declares that the information provided in this application is true and correct.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_