

Healthy Venues Program

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*Application Form*

About Healthy Venues

The Healthy Venues Program (Healthy Venues) is aligned to our strategic plan, [Active Healthy People 2018-2023](https://www.healthway.wa.gov.au/our-priorities/active-healthy-people-2018-2023/) and strategic priority to work in partnership to increase healthy eating for all Western Australians.

**Key objectives**

Healthy Venues aims to increase healthy food and drink choices in local community and State-owned sport and recreation centres.

The key objectives are to:

* Increase healthy food and drink choices
* Increase the promotion of healthy food and drink choices
* Increase, where possible, the sale of healthy food and drink choices
* Increase knowledge of healthy food and drink choices
* Provide a healthy and sustainable environment, through healthy food and drink policies.

Grants of up to $5,000 per food and drink outlet are available to eligible Local Government entities or State-owned sport and recreation venues in WA.

Please read the [Healthy Venue Guidelines](https://www.healthway.wa.gov.au/apply-for-a-healthy-venues-grant/) for details on how to apply for a grant.

**Talk to us about your application**

Contact the Healthway Health Promotion Team on 133 777 or [healthway@healthway.wa.gov.au](mailto:healthway@healthway.wa.gov.au) for support and advice on how to apply.

**To apply**

To apply for a Healthy Venues grant, please complete this Application Form and submit with all required attachments by email to: [healthway@healthway.wa.gov.au](mailto:healthway@healthway.wa.gov.au).

Applications must be submitted a minimum of 5 (five) calendar months prior to the commencement of the project.

1. Contact information

*Legal signatory responsible for the project:*

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

*If by law your organisation requires more than one signatory for authorisation, please complete the 2nd legal signatory section below:*

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

*The best person to speak with about this application (if different from the above):*

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. Organisation information

Organisation name (legal): Click or tap here to enter text.

Address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Website: Click or tap here to enter text.

1. Bank account details and GST

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

Account name Click or tap here to enter text.

Account institution (include address): Click or tap here to enter text.

Account number: Click or tap here to enter text.

BSB number: Click or tap here to enter text.

Australian Business Number (ABN): Click or tap here to enter text.

*(If no ABN please complete and attach an ATO ‘Statement by Supplier Form’ – if eligible)*

Is your organisation registered for GST?: Yes  No

*(Note: If your organisation is registered for GST, Healthway will gross-up the approved grant for GST liability upon the issue of a Recipient Created Tax Invoice.)*

1. Venue location(s) and number of outlets

Please provide the following information for each food and drink outlet that is included in this application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Venue | Address | Number of food and drink outlets | Number of vending machines | Name and contact of food service venue manager |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please attach additional information regarding venue(s) if required.

1. Project reach

For each of the venues listed in section 4, please provide the estimated numbers of overall reach including for Healthway’s priority target groups.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Venue | Estimated number of young people (17 years and under) | Estimated number of Aboriginal and Torres Straight Islander | Estimated disadvantage[[1]](#footnote-1) |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Budget

The funding provided by Healthway must be used to achieve the Healthy Venues objectives outlined in the [Healthy Venues Guidelines](https://www.healthway.wa.gov.au/apply-for-a-healthy-venues-grant/).

This may include a range of promotional, educational or environmental strategies developed and implemented specifically for the purposes of increasing healthy food and drink choices and reducing the promotion of unhealthy options.

For each of the venues listed in section 4, please provide an outline of how you intend to spend these funds. Do not request items that will be provided to successful applicants such as replacement signage and training.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Venue | Description | Total cost |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | | |  |

Please attach additional information regarding venue(s) if required

1. Partnerships

We recommend that you consult with your local Health Service Provider prior to submission of your application (contact details are provided in the [Guidelines](https://www.healthway.wa.gov.au/apply-for-a-healthy-venues-grant/)).

Please indicate if you have liaised with your local Health Service Provider regarding this application.

No  Yes

If yes, please provide the name and contact details in the table below.

|  |  |  |
| --- | --- | --- |
| Health Service Provider | Contact name | Contact details |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Supporting documents

Please attach to your application the following:

A recent bank statement from your organisation’s main operating account  
 Two most recent financial statements

Your constituent document (e.g. Constitution, Rules of Association, Trust Deed)

List of current Directors/Board or Management Committee members

A signed Conditions of Funding document available from our [website](https://www.healthway.wa.gov.au/apply-for-a-healthy-venues-grant/)

Current food and drink outlet(s) menu(s) for each venue  
 Photographs of the current food service outlet(s) for each venue

If your venue has a retail food and drink outlet that is managed by a third party, please attach a written commitment from the food service manager who is contracted to provide retail food at your venue to the Healthy Venues Project

Any other documents to support your application

**Applicants are required to read and agree to our Conditions of Funding as part of an application to Healthway. A Conditions of Funding document signed by the person(s) legally able to enter contracts must be attached to your application.**

1. 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,

d) 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 Healthy Venues Project 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.
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.

Name Click or tap here to enter text.  
Position Click or tap here to enter text.  
  
Date: Click or tap to enter a date.



1. Includes Healthway priority groups such as people living in rural and remote communities; and people disadvantaged through economic, physical, cultural, social or educational factors. [↑](#footnote-ref-1)