



Photo: Basketball WA

Healthy Venues Project

About Healthy Venues:

The Healthy Venues Project (Healthy Venues) is aligned to our strategic plan, [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 located in the Perth metropolitan area.

Please read the [Healthy Venue Guidelines](#) 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 for support and advice on how to apply.

To apply:

To apply for a Healthy Venues grant, please complete this Application Form and submit by email to: healthway@healthway.wa.gov.au

1. Contact information

Legal signatory responsible for the project

Title	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>		
Phone	<input type="text"/>		
Email	<input type="text"/>		

Would you like Healthway's monthly eNews to be sent to the email address provided above?

☐

Person responsible for the daily coordination of the project (if different to the above)

Title	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>		
Phone	<input type="text"/>		
Email	<input type="text"/>		

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2. Organisation information

Organisation name (legal)	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Website	<input type="text"/>

3. Bank account details and GST

Details of financial institution (this allows funds to be transferred electronically to the organisation's account)

Account name

Account institution
(include address)

Account number

 BSB number

Please note that you are required to attach a copy of your organisation's bank statement to this application.

GST information

Australian Business Number (ABN)

(If no ABN please complete and attach an ATO 'Statement by Supplier Form' - if eligible.)

Is this organisation registered for GST?
 (Tick one box only)
 ☐ Yes
 ☐ No

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

4. 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					
2					
3					
4					

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

5. Project reach

For each of the venues listed in section 5, please provide the estimated numbers of overall reach including for Healthway's priority target groups.

Estimate total reach				
	Venue	Estimated number of young people (17 years and under)	Estimated number of Aboriginals and TSI	Estimated disadvantage
1				
2				
3				
4				

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

6. Budget and health promotion strategies

The funding provided by Healthway must be used to achieve the Healthy Venues objectives outlined in the [guidelines for funding](#).

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 5, 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			
2			
3			
4			
Total			

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

7. 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). 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

8. Supporting documents

Please attach to your application the following:

- A copy of your organisation's bank statement
- 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.

9. Approvals

Please confirm that the Legal Signatory to the application has reviewed and approved, and signed this application form.

Please note that failure to include any of the required documents or signatures will delay the processing of your application.

10. Undertakings and conditions of the grant

If your application is successful, these undertakings and conditions will form part of your contract with Healthway. Please acknowledge that you have read and understood these requirements, and agree to adhere to these signing the declaration below:

(Insert name of incorporated organisation)

Agrees:

- To meet all of Healthway's [Minimum Health Requirements](#)
- To adhere to Healthway's [Co-sponsorship policy and guidelines](#)
- To adhere to the Healthy Venues Project requirements, as outlined in the [Healthy Venues Project Guidelines](#)
- To support the evaluation requirements of the Healthy Venues Project as specified in the project guidelines
- To maintain all indoor areas as smoke free, and where possible outdoor areas, under our control will also be smoke free
- That no person will smoke or be seen to carry tobacco products, including e-cigarettes, while officially involved with the project
- To ensure that the organisation complies with all relevant State and Federal legislation, as applicable; e.g. Working with Children (Criminal Records Checking) Act 2004
- To acknowledge the support of Healthway on all materials and/or resources produced
- To use the grant for the approved purpose only
- To return unspent monies
- To seek approval from Healthway for any changes related to the project, including changes to the budget
- To provide within four weeks of the project's completion, the following:
 - [a] an evaluation of the project on the form provided
 - [b] a statement of income and expenditure, showing how the funds were spent, duly certified by the Executive Officer/General Manager of the organisation
- Healthway has the right to terminate this agreement if the project is not carried out according to the agreed proposal or the conditions outlined above
- In the event of the agreement being terminated to repay any part of the grant which has not been spent as authorised or is in any way unused
- If the organisation is registered for GST, then to comply with GST requirements we agree that:
 - [a] Healthway can issue Recipient Created Tax Invoices (RCTIs) in respect of the grant where appropriate;
 - [b] We shall not issue tax invoices in respect of the grant where Healthway has generated a RCTI;
 - [c] We are registered for GST at the time of entering into this agreement and will notify Healthway if we cease to be registered; and
 - [d] We will remit the GST liability on the grant to the Australian Taxation Office.

Declaration

I declare that the information presented on this form is correct and understand that, if approved by Healthway, we will abide by these undertakings and conditions detailed above.

Legal Signatory:

Print name

Signature

Position

Date

Witness:

Print name

Signature

Position

Date

This form must be signed by the Legal Signatory for the organisation and witnessed by an office bearer of the organisation. Healthway staff will contact you if additional information is required.

Healthway acknowledges that it is registered for GST at the time of entering this agreement and will notify your organisation if it ceases to be registered or if it ceases to satisfy any of the requirements generating RCTIs

For more information, contact our health promotion team

Phone

133 777

Email

healthway@healthway.wa.gov.au

Website

healthway.wa.gov.au

