

Healthy Partnerships
ID:
Assessor:

Requested Amount:

Status

Before You Begin

Before starting your funding request, please make sure your organisation's details are up to date, such as:

- Latest Financial Statement
- Annual Report or AGM minutes
- Legal signatory details and other governance documents.

If you need to update any of these details, please select [Save and Close] at the bottom of this page and then select your organisation under the Organisation heading in the menu on the left-hand side of your screen.

Your organisation's details will need to be verified by our Customer Service team, which will take up to two business days. You will be able to submit your funding request once your organisation has been validated.

How to Submit

Please click on [Save and Close], and when the page has closed, please click on [Submit] at the bottom of your screen.

Please Note

The Portal does not automatically save your work, so please make sure you click on either [Save] or [Save and Close] button below before you exit out of the Portal.

Bold denotes a mandatory field.

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▼ Organisation Information

Before starting your request, please review your organisation's details, this includes:

- *Latest Financial Statement*
- *Annual Report or AGM minutes*
- *Latest list of Board and Committee members and other governance documents.*

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 have reviewed my organisation's information in the Portal and have provided updated information where needed. No

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). 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:

In 50 words or less, please provide a short summary of your proposed project and what you are applying for:

Nominate a Priority Health Area that best aligns to your project:

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 Planning

Which health issue (from Healthway's strategic priorities) your project will address? (e.g. increasing physical activity, improving mental health, etc.).

Health Issue:

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 event/project to tailor the event/program to the priority population):

Consultation and Partnership:

▼ Project Reach

-	Participants/Organisers	Spectators/Audience
Children 12 and Under		
Young People 13 - 17 Years		
Adults 18 - 54 Years		
Seniors 55+ Years		
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?

Repeat exposures:

Other Information:

▼ Priority Populations

-	Participants/Organisers	Spectators/Audience
Young People and Children		
Aboriginal and Torres Strait Islander People		
Rural and Remote Communities		
Culturally and Linguistically Diverse Communities (CALD)		
People Experiencing Disadvantage		
People With Disabilities		
Subtotals	0	0
Total	0	

▼ Project Details

Please select the primary region in WA that will benefit from this grant.

Which of the following groups are the focus of this grant? You can select a maximum 5 groups from the 10 options below.

▼ Project Budget

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).

For an example budget, click [here](#). You can also choose to upload your own. Please select '+' on the right once you are ready to upload your budget.

Project Budget

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					
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 Healthy 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.

Answer:

Free drinking water will be provided.

Answer:

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.

Answer:

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

Answer:

If your organisation is contracting food vendors at an event, you will ensure that healthy food options are available.

Answer:

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

Answer:

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

Answer:

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

Answer:

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

Answer:

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

Answer:

*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

You are required to complete and submit the Healthway Conditions of Funding form as part of this request. Please note this document must be signed by your relevant Legal Signatory(s).

View, download and sign the Healthway Conditions of Funding form here: [Conditions of Funding Form](#)

For more information about who can sign the Conditions of Funding click here: [Legal Signatories.](#)

[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.

