

Healthy Communities  
ID: R-202306-02706  
Assessor:

Amount Requested:  
Status: Draft

## Request Status

Draft

With Applicant

Review

Active

Closed

### 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.

Status

Draft

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**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.**  **False**

*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 organisations 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:**

**Legal Signatory:**

**Second Legal Signatory:**

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?

### ▼ Program

Which program are you applying for? Up to \$5,000 Healthy Communities

Project Title:

In 100 words or less, please provide a clear overview of the proposed project. This section should include a brief rationale for the project as well as a concise summary of what the project will entail:

### ▼ Health Issue

Select which of Healthway's strategic priorities the project seeks to address (you may select more than one) and/or nominate another health promotion issue by selecting 'other'.

Define and explain the relative importance of the specific health issue(s) to be addressed. Justify with supporting data where possible. Outline the opportunity the project will provide to address Healthway's strategic priorities. :

### ▼ Timeline

Remember your request must arrive at Healthway with all required attachments at least four calendar months prior to commencement of your project.

Project start date:

Project finish date:

### ▼ Planning a Health Promotion Project

**Objectives:**

Please list below your health promotion objectives. Your objectives need to be "SMART" - Specific, Measurable, Achievable, Relevant, Time Specific.

**Strategies:**

Please provide detailed information on the project's strategies or activities and how they will support your objectives, health content and project implementation. In doing so, please consider the following:

- Are your strategies effective in achieving the desired outcomes?
- Have they proved to be effective with the specific target groups, e.g. culturally sensitive, in an appropriate language?
- Do they meet the current level of resources in terms of time, money, staff, and equipment?
- Do they have the potential to reach the largest proportion of the target group

This section should explain in detail what you plan to do and should be the largest section of your

application.

Please describe how you will evaluate your project. For example, the measures and proposed collection methods you will focus on.

### ▼ Sharing the results

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

### ▼ Budget

Please indicate below how much funding you are requesting and the total cost of your project. Please do not include GST.

Year 1

**Amount Requested:** \$0.00

**Project Cost:** \$0.00

**Total Amount Requested:** \$0.00

**Total Project Cost:** \$0.00

### Budget Breakdown

Please provide below a specific breakdown and description of how the money will be spent by clicking on the '+' to the left below. Please include any cash and/or in-kind contributions from your organisation or other sources. Or you can submit your own budget by clicking on the green '+' button in the Budget Supporting Documents box below. Please do not include GST.

Budget  
items

Amount requested from  
Healthway

Amount contributed in-kind or by other confirmed  
funding sources

BUDGET SUPPORTING DOCUMENTS

### ▼ Working in partnership with others

Please list below by clicking on the '+' button under 'Organisation Consulted' the organisations you have consulted and collaborated with in developing this project (e.g. local business, local government, health agency, Aboriginal Community Controlled Organisations, community, or service groups) and indicate how they are involved (e.g. regular advice, providing a service or funding etc). If relevant, please upload documents that support your partnerships by clicking on the '+' button next to Partnership Supporting Documents below.

Organisation Consulted	Involvement Type
	
PARTNERSHIP SUPPORTING DOCUMENTS	

### ▼ 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?**

### ▼ Project Reach

Please enter the estimated number of people directly involved in the project in Participants/Organisers and the number of Other Participants in the fields below. Please enter 0 if not applicable.

#### Participants/Organisers

Children (12 years of age and under):

Young People (13-17 years of age):

Adults (18-54 years of age):

Seniors (aged 55+):

Participant Subtotal Reach: 0

#### Other Participants

Children (12 years of age and under):

Young People (13-17 years of age):

Adults (18-54 years of age):

Seniors (aged 55+):

Spectator Subtotal Reach: 0

Total Reach: 0

### ▼ Priority Populations

*Healthway has identified the following priority population groups. Please enter an anticipated number (for year one only) for each selection from Healthway's priority groups. Please enter 0 if not applicable.*

*Clarifications*

- **Children (12 years of age and under) and Young People (13-17 years of age):** People aged 17 years and under.
- **Aboriginal and Torres Strait Islander People:** a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he (she) lives.
- **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):** groups and individuals who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo Saxon or Anglo Celtic.
- **People experiencing disadvantage through economic, social or educational factors**
- **People with disabilities:** Persons are considered to have a disability if they have a limitation, restriction, or impairment, which has lasted or is likely to last for at least six months and restricts them from everyday activities.

**Children (12 years of age and under)  
and Young People (13-17 years of age):**

**Aboriginal and Torres Strait Islander  
People:**

**Rural and Remote Communities:**

**Culturally and Linguistically Diverse  
Communities (CALD):**

**People Experiencing Disadvantage:**

**People With Disabilities:**

#### ▼ Project Details

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

Who will benefit from this grant? (up to 5):

#### ▼ Supporting 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**

Please upload any supporting documents, such as letter of support by clicking on the '+' button on the right.

DOCUMENTS