

Healthy Partnerships  
ID: R-202306-02701  
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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## ▼ 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 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:**

**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**

Arts

*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?** Yes

**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:**

*Over \$5,000 requests must be submitted at least five months prior to the project commencing.*

**Start Date:**

**End Date:**

**Website for Project:**

### ▼ Health Promotion Plan

For requests over \$5,000, you will need to complete this Health Promotion Plan, which outlines your health promotion objectives and how you will achieve them. To help you develop a Health Promotion Plan, please read the Best Practice Guide.

Please make sure your Health Promotion Plan includes:

- How you will meet Healthway's Minimum Health requirements and Healthy Food and Drink Provision policies, where applicable. You can find these policies [here](#).
- Details of the programs where you want to achieve health promotion outcomes

Once you have completed your Health Promotion Plan, you can upload it below by selecting the '+' on the right.

Health Promotion Plan

HEALTH PROMOTION PLAN

▼ Consultation and Partnership

Consultation:

Partnership:

▼ Project Reach

	Participants/Organisers	Spectators/Audience
Children 12 and Under		
Young People 13 - 17 Years		
Adults 18 - 54 Years		
Seniors 55+ Years		
<b>Subtotals</b>	0	0
<b>Total</b>	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	Participants/Organisers	Spectators/Audience
<b>Subtotals</b>	0	0
<b>Total</b>	0	

### ▼ Project Details

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

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

### ▼ Project Budget

#### Year 1

Amount Requested: \$0.00

Project Cost: \$0.00

#### Year 2

Amount Requested: \$0.00

Project Cost: \$0.00

#### Year 3

Amount Requested: \$0.00

Project Cost: \$0.00

#### Year 4

Amount Requested: \$0.00

Project Cost: \$0.00

#### Year 5

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 policies below:

- Minimum Health Requirements
- Healthy Food and Drink Provision

**Minimum Healthy Requirements**

**Healthy Food and Drink Provision**

### ▼ Documents

*If you have any other supporting documents please upload them below.*

SUPPORTING DOCUMENTS