

New Sponsorship Application

*** Title**

Please provide the title of the proposed project(s) / event(s)

*** Program Area**

*** Total cost in dollars**

*** Total requested in dollars**

*** Start date**

Over \$5,000 applications must be submitted at least four months prior to the event taking place.

*** End date**

Over \$5,000 applications must finish within 3 years of their start date.

Website for project /event

Is this a new project that has not previously been undertaken by your organisation

*** Description**

Please provide a description of the project(s) / event(s) to be sponsored

2600 characters left

*** Nominate a health message that best aligns with your project**

If Healthway considers an alternative health message for your project, this will be discussed with you as part of the assessment process.

It is important that you refer to the [sponsorship guidelines](#) before completing this form.

To be eligible to apply for a Healthway sponsorship, organisations must first satisfy the general eligibility criteria to be considered for funding.

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Contact People

Please provide two contacts from your organisation, one of which must be the Chief Executive Officer, General Manager or equivalent:

Contact 1

Title

* First name

* Last name

* Position

* Email

* Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

Contact 2

Title

* First name

* Last name

* Position

* Email

* Primary contact number

must be 10 digits long

Secondary contact number

must be 10 digits long

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Organisation General Information

Search for existing organisation:

Previous Organisations

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Organisation General Information

Search for your organisation

*** Name**

*** Postal address**

*** Suburb**

*** Postcode**

*** State**

*** Profile**

Please provide a brief profile of your organisation. (Include core functions, target market and brief history)

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Bank Account Details

Account name

Bank name

BSB

Account Number

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GST Information

Please select one of the following:

Australian Business Number (ABN)

* ABN

* GST registered

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.

Application for an ABN has been made to the ATO

Statement By Supplier Form

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Organisation Status

Please select one of the following:

- Is incorporated under the Associated Incorporation Act 1987 or has made an application to be incorporated under the Act.
- Company (e.g. Pty Ltd under the Corporation Act 2001)
- Statutory body (e.g. School, Public Health Unit, Local Govt ect)
- Trust

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Locations

Please select one or more of the following location categories in which the project(s) / event(s) will be held, and list the locations (maximum of ten).

Year 1

Remote

An isolated location with a population of generally less than 200.

Add Location

Rural

Locations outside of capital cities and regional centers, which are also not remote locations.

Add Location

Regional

Include: Albany, Broome, Bunbury, Busselton, Geraldton, Kalgoorlie and Mandurah.

Add Location

Metro

Perth metropolitan areas.

* Name

Remove Location

* Name

Remove Location

Add Location

Smoke free areas, Alcohol and Nutrition

Smoke free Areas

Healthway requires all indoor and outdoor areas under sponsor control to be maintained as smoke free. Please provide a brief summary of how all areas under the control of your organisation will be maintained as smoke-free:

2600 characters left

Nutrition

Will the project(s)/event(s) provide catering or sell food or drink?

Yes

No

Healthway requires healthy food and drink option to be available if catering is provide. Please provide a brief summary on the extent of healthy food and drink options

This text box only appears if 'Yes' is selected.

2551 characters left

Alcohol

Will alcohol be served at your project(s) / event(s)?

Yes

No

Describe the extent of alcohol provision and indicate whether Healthway's minimum health policy requirements will be met.

This text box only appears if 'Yes' is selected.

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Key Activities

Please provide details on the individual events or program components (Key Activities) for which sponsorship is being sought.

Details should focus on how these Key Activities will provide opportunities to promote a health message to **priority groups** and encourage healthy lifestyles

| Name | Venue | Start | End | Actions |
|------|-------|-------|-----|---------|
|------|-------|-------|-----|---------|

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New Key Activity

Provide details of the events, programs, activities for which sponsorship is being requested

* Name of key activity

Name cannot exceed the maximum length of 100 characters

* Venue

* Activity start

* Activity end

* Level

- Exclusive naming rights
- Exclusive principle partner
- Exclusive presenting rights
- Major partner

Exclusive Naming Rights is the highest level of Healthway sponsorship. The health message allocated by Healthway will be contained in the title and logo of the project(s)/event(s), as the first part of the title and to the exclusion of all other sponsors. No other sponsor can purchase Naming Rights, Principal Partner or Presenting Partner Rights. Exclusive Naming Rights is promoted as 'Health Message Project/Event', (Arts example - 'LiveLighter Music Program', Sports example - 'Smarter than Smoking Junior Sports Clinics').

Exclusive Principal Partner is the highest level of Healthway sponsorship when an organisation does not sell Naming Rights. No other sponsor can purchase Naming Rights, Principal Partner or Presenting Partner Rights. Please contact Healthway on 9476 7000 to discuss this level of sponsorship.

Exclusive Presenting Rights The health message allocated by Healthway will be contained in the title and logo of the project(s)/event(s), at the end of the title and to the exclusion of all other sponsors. No other sponsor can purchase Presentation Rights. Exclusive Presentation Rights is promoted as 'Project/Event presented by Health Message', (Arts example - 'Music Program presented by LiveLighter', Sports example - 'Junior Sports Clinics presented by Smarter than Smoking').

* Requested Sponsorship Amount

* Key Activity Description

2600 characters left

* Duration

* Frequency

* Total Number of Participants

* Participants target age group

- Children
- Youths
- Adults
- Seniors

Includes all people who will actively participate in or organise the project(s) / event(s), including volunteers.

* Total Number of Spectators

* Spectators target age group

- Children
- Youths
- Adults
- Seniors

People who will specifically come to watch the sponsored project / event and are not involved as participants or organisers. Please do not include people watching the activities on television at home.

* Location

Which of the following advertising, marketing and promotion elements will your organisation use to promote the key activity and Health Message.

Advertising

- TV
- Newspaper
- Magazine
- Radio
- Online

Broadcast

- Free to air TV
- Foxtel / Pay TV
- Radio
- Webcast streaming

Promotion

- Certificates
- Entry / Registration forms
- Flyers
- Information packs
- Invitations
- PA announcements
- Posters
- Program
- Stationery
- Trophies / Medals

Online

- E-Newsletter
- Facebook
- Instagram
- Twitter
- YouTube
- Website

Public relations

- Ambassadors / Promotion staff
- Commentators
- Event filming
- Event photography
- Press conference
- Press release

Signage

2600 characters left

Merchandise

2600 characters left

Clothing

2600 characters left

Other Advertising Details

Please provide further details on any other advertising, marketing and promotional benefits you will provide to Healthway.

2600 characters left

* New locations

- Yes
- No

* New project event

- Yes
- No

Create

Healthway is interested in how many people will be involved in the project(s) / event(s) and how many people it will reach, particularly those in our priority groups.

Participants / Organisers:

Includes all people who will actively participate in or organise the project(s) / event(s), including volunteers.

Audience / Spectators:

People who will specifically come to watch the sponsored project / event and are not involved as participants or organisers. Please do not include people watching the activities on television or online.

Anticipated numbers should only include the number of individuals that actually attend the project / event as participants, audience members or spectators.

A) Please complete the following table with the anticipated numbers of participants / organisers and audience / spectators.

| Age Group | Participants / Organisers | | Audience / Spectators | |
|-----------------------|---------------------------|----------------------|-----------------------|----------------------|
| | Male | Female | Male | Female |
| Children 12 and under | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Youth 13-17 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Adult 18-54 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Seniors 55 and over | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

B) How did you generate this total?

- Current numbers
- Market research
- Previous projects or events
- Estimation

C) Will the project(s) / events(s) result in multiple exposure to the total population? (e.g. multi-week program to the same audience)

- Yes
- No

D) Please provide any other anticipated reach information that may assist your sponsorship application i.e. growth in membership/subscription or participant/spectators over the past year.

Comments

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Priority Populations

Healthway has identified the following priority population groups:

- Young people and children (people aged 17 years and under).
- Aboriginal and Torres Strait Islander people.
- 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).
- Groups at a higher risk of poor health. e.g. People disadvantaged through economic, cultural, social or educational factors.

Please enter the anticipated number of both participants and audience / spectators from Healthway's priority groups.

Young people and children

Aboriginal and Torres Strait Islander people

Rural and remote communities

Groups at a higher risk of poor health

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Co-Sponsorship Declaration

Please complete the following table with details of any proposed or confirmed sponsorship or other agreement that may result in the promotion of alcohol, food, beverage or gambling products or brands, in association with any program, event or activities of your organisation:

Note: Organisations may be required to provide additional information depending on the nature of the agreement with the co-sponsor.

| Category | Product | Brand | Actions |
|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Remove |

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Other Funding

Please complete the following table with income details of all proposed or confirmed sponsorships and grants (excluding Healthway) associated with the project(s)/event(s).

| Name of Brand/Company /Organisation | Type i.e. Sponsorship/Grant | Level i.e. Naming rights/Principle/Presenting /Major | \$ Value plus In kind Value of Sponsorship | Contract Expiry | Confirmed | Actions |
|-------------------------------------|-----------------------------|--|--|---|--------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="21/10/2016"/> | <input type="checkbox"/> | Remove |

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Budget

Please complete the following table with details of all income and all expenses (excluding GST) associated with the project(s)/event(s). The headings are a guide only.

Note: To submit a more detailed budget, please complete a separate table in the same format as below. Please provide this as an appendix to your application.

Year 1

INCOME AND EXPENDITURE BUDGET

| All proposed income associated with the project(s)/event(s) | | All proposed expenses associated with the project(s)/event(s) | |
|---|---------------------------------------|---|----------------------|
| | \$ | | \$ |
| Registrations/Fees | <input type="text"/> | Administration (postage, telephone, etc.) | <input type="text"/> |
| Membership/Subscriptions | <input type="text"/> | Advertising (TV, Print, Radio etc) | <input type="text"/> |
| Ticket Sales/Entry Fees | <input type="text"/> | Marketing/Printing/Promotion | <input type="text"/> |
| Merchandise/Program Sales | <input type="text"/> | Professional Fees | <input type="text"/> |
| Organisation's Contribution | <input type="text"/> | Salaries/Wages | <input type="text"/> |
| National Body Contribution | <input type="text"/> | Equipment Purchase/Hire | <input type="text"/> |
| Financial Sponsorships/Grants | <input type="text"/> | Venue Hire | <input type="text"/> |
| Healthway Requested Funding | <input type="text" value="\$50,000"/> | Travel/Accommodation | <input type="text"/> |
| <input type="text" value="Description"/> | <input type="text"/> | <input type="text" value="Description"/> | <input type="text"/> |
| <input type="text" value="Description"/> | <input type="text"/> | <input type="text" value="Description"/> | <input type="text"/> |
| <input type="text" value="Description"/> | <input type="text"/> | <input type="text" value="Description"/> | <input type="text"/> |
| Total | \$50000 | Total | \$0 |

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Supporting Documents

Please submit a **signed solvency statement**. It must be signed by an authorised person such the Chief Executive Officer, General Manager, Treasurer or equivalent.

You are required to upload your two most recent financial statements.

If you have any other supporting documentation please upload it now.

File types are txt, rtf, doc, docx, odt, ods, xls, xlsx, pdf, xps, jpg, gif, png, jpeg.

Size Limit - maximum file size is 5.0MB

Upload a file

- I have uploaded a signed solvency statement.
- I have uploaded our two most recent financial statements.

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Declarations

1. Your organisation is not a member of or affiliated with an association, governing body or regulating authority which directly or indirectly is in receipt of tobacco sponsorship or funding in any manner whatsoever.
2. Your organisation will maintain a general public liability insurance policy of at least \$5,000,000 for the period of this sponsorship.
3. Your organisation complies with relevant State and Federal legislation (e.g. Working with Children Criminal Records Checking), Liquor Control, Drugs in Sport, and disability access and other requirements under the Disability Services Act - refer to Healthway's [Disability Access Inclusion Plan](#)).
4. Your organisation has appropriate Health and Safety Policies and guidelines to deliver the project/event.
5. Your organisation has appropriate Risk Management policies and guidelines in place to deliver this event. If required by Healthway, your organisation will maintain an expertly certified risk management plan relevant to this sponsorship.
6. Your organisation will comply with the terms and conditions in the template [Sponsorship Agreement](#).
7. All of the information provided in this application form is true and correct to the best of your knowledge.
8. Full listing of funded recipients will be published on our website and in our Annual Report. We may also publicise recipients in our newsletter and publications.

 **Agree**

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Submit