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Targeted Grants Program
Delivering Public Health Advocacy Services
*Application Form*

**Closing date: Friday 12 February 2021 at 5.00pm**

1. Contact information

*Legal signatory responsible for the project:*

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

*Person responsible for the daily coordination of the project (if different from the above):*

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. Organisation information

Organisation name (legal): Click or tap here to enter text.

Address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Website: Click or tap here to enter text.

1. GST information

Australian Business Number (ABN): Click or tap here to enter text.

*(N.B If no ABN please complete and attach an ATO ‘Statement by Supplier Form’ – if eligible)*

Is this organisation registered for GST?: Yes [ ]  No[ ]

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

1. Proof of incorporation of the organisation

Is the organisation (tick one box only):

 [ ]  Incorporated under the Associations Incorporation Act 1987

 [ ]  A Company (e.g. Pty Ltd under the Corporations Act 2001)

 [ ]  A Statutory Body (e.g. School, Public Health Unit, Local Government etc)

 [ ]  Incorporated under the CATSI (Corporations (Aboriginal and Torres Strait Islander)) Act 2006

*NB: If the organisation is not one of the above please contact Healthway to determine eligibility.*

1. Public Liability

As part of implementing a risk management approach to organisational activities, organisations are reminded of the need to consider public liability insurance cover for such activities. In order for Healthway to understand the extent of public liability cover amongst the organisations it funds please answer the following questions:

Will your organisation have public liability insurance cover for the duration of the project?

[ ]  Yes [ ]  No

If ***No,*** please state why

Click or tap here to enter text.

If ***Yes,*** what is the level of public liability cover?

Click or tap here to enter text.

1. Health issue/s to be address

[ ]  Creating a smoke-free WA

[ ]  Preventing harm from alcohol

[ ]  Increasing healthy eating

1. Strategic workplan and key performance indicators

Please provide an evidence-based and informed workplan for an initial period of up to three (3) years which provides the aim, objectives, target groups, strategies and review measures for achieving the specified outcomes. This should include SMART (Specific, Measurable, Attainable, Relevant and Time-Bound) Key Performance Indicators (KPIs) for each of the health areas that will be used to evaluate and monitor success of advocacy related outcomes on an annual basis.

A separate workplan and associated KPIs are required for each of the health issue/s being addressed in your application (maximum 10 pages per health issue being addressed). Please identify a minimum of four (4) KPIs for each of the health areas identified.

Applicants are encouraged to consider the following activities when developing their strategic workplan:

* Monitoring emerging evidence and research relating to smoking, alcohol and/or increasing healthy eating in order to inform health promotion advocacy initiatives and objectives
* Working in partnership with key local and interstate stakeholders to complement and facilitate health promotion advocacy efforts across WA and, where appropriate, Australia
* Undertaking or supporting research to generate further evidence and support for public health policy decisions and directions
* Facilitating and encouraging public education communications through the media, and other broader communication strategies in support of health promotion objectives
* Flexibility and capacity to respond quickly to emerging health promotion issues and priorities
* Utilising links with community networks, especially priority vulnerable communities, to facilitate and engage community action and advocacy activities to address health promotion objectives
* Regularly communicating with key stakeholders on current issues, trends and strategic directions
* Developing and conducting regular information and evidence-based advocacy forums with key stakeholders
* Facilitating the processes for the provision of direct input on relevant legislation, regulations, policies and institutional practices that relate to the health promotion objectives.
1. Examples of advocacy initiatives

Please provide two (2) examples of previous advocacy initiatives and how this has resulted in positive health outcomes in collaboration with key stakeholders. The examples should provide a high-level description, detail of when the activity occurred, key stakeholders and partnerships involved, and the outcomes achieved.

Please note that only two (2) examples are required, regardless of how many health areas are being addressed in your application (maximum four (4) pages for each example).

The examples provided should effectively demonstrate knowledge and experience in the delivery of similar public health advocacy projects and it is encouraged applicants consider addressing the following in their responses:

* Relevant health area/s and engagement with regional and remote areas and priority population groups
* Contemporary health promotion frameworks and processes relating to public health advocacy
* Contemporary public health agendas, policy development processes and issues relating to the relevant priority area/s
* Generating support for and facilitating policy and legislative reform that aims to benefit community outcomes.
1. Established partnerships

Please list the key partnerships that are required to achieve the outcomes, and that complement and leverage other funded health promotion activities in WA. Please complete a separate table for each of the health issue/s being addressed in your application. Additional partnerships may be provided as an Attachment.

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| --- | --- | --- | --- |
| Organisation | Contact name | Expertise | Role in proposed project |
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1. Overview of corporate structure

Please attach an overview of the organisation’s corporate structure, including management and staffing.

1. Key personnel or roles

Please complete the table below providing an overview of key personnel or roles to be employed for the development and delivery of advocacy activities, including details of their role, skills, qualifications, contribution to the program of work and identify any barriers or conflicts that could arise in the process of delivering the proposed advocacy outcomes, and how this will be managed. Please attach additional information if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation | Name (if known) | Role in proposed project and contribution to the program of work | Skills and Qualifications | Barriers/conflicts |
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1. Budget

Please provide a detailed, itemised budget for each year of the project. A separate budget is required for each of the health area/s being addressed in your application. Please clearly identify any potential economies relating to the delivery of services for more than one health issue if appropriate.

Healthway will support realistic budgets relating to this targeted grant program and will consider a modest contribution towards administration and/or salary on-costs associated with the delivery of the activities, where justified and appropriate. Please ensure that these costs are clearly identified.

1. Attachments

Please attach copies of the following

[ ]  Organisation’s current Strategic Plan

[ ]  Organisation’s corporate structure

[ ]  Brief CV for each of the key personnel

[ ]  Letters of support

1. Declaration

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.

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*
 Name Click or tap here to enter text.
 Position Click or tap here to enter text.

Date: Click or tap to enter a date.

*Witness*
 Name Click or tap here to enter text.
 Position Click or tap here to enter text.

Date: Click or tap to enter a date.

