

# 2018 Cumberland ClubGRANTS

## 2018 Clubs for Cumberland ClubGRANTS Scheme - NEW Application CLUBGRANTS2018134 From Steve Drakoulis - DRAFT

### 1. Clubs for Cumberland ClubGRANTS Scheme

#### About the ClubGRANTS Scheme

##### **What is ClubGRANTS?**

ClubGRANTS is a community grants program funded by local clubs and administered by Cumberland Council.

##### **What can I apply for?**

The Clubs for Cumberland ClubGRANTS Scheme will fund projects that address the following priorities: Community Safety, Education and Employment, Health and Wellbeing, Social Cohesion and Participation, Sustainability, Youth.

##### **Who can apply?**

Local non-profit community based, incorporated organisations with an Australian Business Number (ABN) can apply. Organisations without an ABN must be sponsored by an incorporated organisation.

**The application closing date has been extended. Applications now close 11:30pm, Sunday 13 May 2018. [Read the 2018 Clubs for Cumberland Guidelines here.](#)**

**If you have any questions regarding the application process, please contact Council's Grants Officer Marie Sesay on (02) 8757 9800 or email [grants@cumberland.nsw.gov.au](mailto:grants@cumberland.nsw.gov.au).**

### 2. Eligibility

\* indicates a required field

#### Eligibility

Before completing this application form, you should have read the [2018 Clubs for Cumberland ClubGRANTS Guidelines which can be viewed by clicking here.](#)

To be eligible for the Clubs for Cumberland ClubGRANTS Scheme applicants must meet the following criteria:

##### **2.1 Is your organisation a not-for-profit community based organisation? \***

- Yes
- No

##### **2.2 Does the organisation have an Australian Business Number (ABN)? \***

- Yes
- No

#### Incorporation type

##### **2.3 Are you an incorporated legal entity or will be sponsored/auspiced by an incorporated entity? \***

- Yes
- No

If no, you must be auspiced by an incorporated organisation.

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**2.4 If yes, please list which form of incorporation? \***

- Australian Public Company  
 Company Limited by Guarantee  
 Co-operative  
 Not for profit Incorporated Association  
 Registered Australian Body  
 Other:

**2.5 If a Co-operative or Incorporated Association - what is your incorporation number?**

INC9896017  
Please indicate incorporation number

**2.7 Have you submitted final a 'Funding Recipient Report' or a 'Progress Report' for any previous projects funded by Cumberland, former Auburn or Holroyd ClubGRANTS Scheme \***

- Yes  
 No

**2.8 Will you be able to provide proof of appropriate insurance including public liability insurance (minimum of \$10 million liability)? \***

- Yes  
 No  
For example: public liability, volunteers, professional indemnity, workers compensation)

### 3. Contact Details

\* indicates a required field

#### Applicant Organisation Details

**3.1 Applicant Organisation Name \***

Autism Community Network  
Name of organisation applying for the grant

**3.2 Primary (Physical) Address \***

Illawong Community Centre  
273 Fowler Rd  
Illawong NSW 2234  
Must be an Australian post code

**3.3 Postal Address (if different from above) \***

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PO Box 188  
Riverwood NSW 2210  
Must be an Australian post code

#### 3.4 ABN applicant \*

64 103 662 535

Information from the Australian Business Register	
ABN	64 103 662 535
Entity name	Autism Community Network
ABN status	Active
Entity type	Other Incorporated Entity
Goods & Services Tax (GST)	Yes
DGR Endorsed	Yes (Item 1)
ATO Charity Type	Charity <a href="#">More information</a>
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	2234 NSW

Information current as at 12:00am yesterday

Must be an ABN

#### 3.5 Applicant Website

<http://www.autismcommunity.org.au>

Must be a URL

#### 3.6 Link to Social Media Account - Facebook/Twitter etc

<https://www.facebook.com/Autism-Community-Network-205943709426399/>

Must be a URL

### Management Committee Representative or Organisation's CEO

The application form needs to be signed by a representative of the organisation's management committee.

**3.7 Applicant CEO or equivalent \*** Autism Community network

**3.8 Applicant CEO or equivalent Position \*** Terry Lynch

**3.9 Applicant CEO or equivalent Primary Phone Number \*** (02) 9543 9036  
Must be an Australian phone number.

**3.10 Applicant CEO or equivalent Mobile Phone Number \*** 0457 941 700  
Must be an Australian phone number.

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**3.11 Applicant CEO or equivalent Office Email \*** terry@autismcommunity.org.au  
Must be an email address.

Project Contact (must be a different person to that listed under 'Management Committee Representative')

**3.12 Applicant Project Contact \*** Mr Steve Drakoulis

**3.13 Applicant Project Contact Position \*** General Manager

**3.14 Applicant Project Contact Office Phone Number \*** (02) 9543 9036  
Must be an Australian phone number.

**3.15 Applicant Project Contact Mobile Phone Number \*** 0431 724 229  
Must be an Australian phone number.

**3.16 Applicant Project Contact Primary Email \*** steve@autismcommunity.org.au  
Must be an email address.

## Supporting Documents

Please attach the following documents - documents must not be more than two years old.

**3.17 Annual Report \***

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Filename: ACN ANNUAL REPORT 2017.pdf  
File size: 3.0 MB  
Most recent annual report no more than 2 years old.

**3.18 Audited Financial Statement or Statement of Income and Expenditure \***

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Filename: ACN Financial Statements FY17.pdf  
File size: 655.8 kB  
Most recent financial statement not more than 2 years old.

**3.19 Constitution or Statement of Aims and Objectives \***

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Filename: ACN CONSTITUTION\_2018.pdf  
File size: 802.5 kB

## 4. Sponsored Organisation

Explanation Auspice

### Definitions:

**Auspicee** - the group requiring support is known as the 'auspicee'.

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**Auspicer** - the incorporated organisation that auspices the group or individual is known as the 'auspicer'.

When using an auspice arrangement, the relationship is often described as one where the auspicee will be carrying out the project 'under the auspices of' the incorporated organisation - the auspicer. The auspicer receives funding or enters into relevant agreements for the auspicee.

This section needs to be completed by the auspicee.

Council recommends that the auspicee and auspicer develop an Auspice Agreement before submitting the grant application. Further information on what to include in this agreement can be found at <https://www.nfplaw.org.au/auspicing>.

#### **4.1 Auspiced Organisation Name**

Name of organisation

#### **4.2 Auspiced Primary Address**

Must be an Australian post code

#### **4.3 Auspiced Postal Address (if different from above)**

Must be an Australian post code

#### **4.4 Auspiced Project Contact**

#### **4.5 Auspiced Project Contact Position**

#### **4.6 Auspiced Project Contact Primary Phone Number**

Must be an Australian phone number

#### **4.7 Auspiced Project Contact Primary Email**

Must be an email address

#### **4.8 Incorporation or Australian Registered Body Number**

Incorporated Association or Australian Registered Body Number.

#### **4.9 Does the auspice organisation have an ABN Number?**

- Yes
- No

#### **4.10 Sponsored / Auspiced ABN**

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

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DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main business location

Must be an ABN

## Documents of auspiced organisation

### Attach the following documents of the auspiced organisation:

**4.11 Constitution or Statement of Aims and Objectives** *No files have been uploaded*

**4.12 Audited Financial Statement or Statement of Income and Expenditure** *No files have been uploaded*

**4.13 Annual Report** *No files have been uploaded*

## 5. Project Details

\* indicates a required field

### Project Information

#### 5.1. Project title \*

School Holidays Socials for Autism Kids Cumberland

#### 5.2 Brief Project Description \*

Children with autism typically struggle to find activities suitable for them to participate in typical environments. When the routine of the school term is broken it can cause more anxiety and isolation for them. By introducing suitable social activities during each school holiday period they have a place to go to, meet other children who are like them and participate in low impact fun and social activities.

no more than 100 words

Provide a short description (100 words recommended) of your project - what are you out to do?

#### 5.3 Please provide an outline of your project? What will you do? \*

Each school break, we provide simple family activities for children on the autism spectrum to participate. We include their parents and their siblings in these. The activities range from watching a dvd together or a crafts day or a family bbq. The objective is to get the kids out of the house and give them the type of social experience which will not cause further anxiety,

and make them more confident to want to be more social.

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Playing with other children who will not judge them or place higher expectations on their limited ability to cope helps develop their social skills. It also enables their siblings to meet others who understand their lives as a sibling of a disabled brother or sister. Parents meet through such events and form their own social and support circles with people who understand them.

no more than 250 words

Specific activities that will be delivered as part of the project

### **5.4 Who will your project benefit? \***

People with disabilities

### **5.5 Why are you doing this project? Please describe the issue/s this project will address? \***

These have largely been outlined above. Children affected by autism need to be supported to allow them to enjoy the same opportunities as other children. We need to create a more inclusive community and we can only achieve this by creating opportunities for kids on the autism spectrum and their parents to engage and learn and connect.

According to ABS 2016, there are 1080 individuals estimated to be on the autism spectrum in the Cumberland LGA, we want through this and other projects in the area to make all of them feel that they have a place among the community.

Must be no more than 200 words.

Describe the specific issue or need you want to address (200 words recommended)

### **5.6 Approximately how many local resident recipients will your project benefit? \***

1080

a whole number (no decimal place)

### **5.7 Approximately how many local volunteers will your project benefit or involve? \***

\*

2

Must be a number.

### **5.8 What is the proposed commencement date ? \***

01/07/2018

a date

### **5.9 What is the proposed completion date for the project? \***

30/06/2019

a date

## Funding Categories

### **5.10 Which of the following ClubGRANTS Funding Categories does your project address? Select one only.**

#### **Community Welfare and Social Services**

A4 Aged, disability or youth services

#### **Community Development**

#### **Community Health Services**

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### Employment Assistance Activities

Funding priority

**5.11 Which of the following Clubs for Cumberland Funding Priorities does your project address? Select one only.**

#### Local Funding Priorities \*

- |   |  |
|---|--|
| <input type="radio"/> Community Safety                  | <input type="radio"/> Education and Employment |
| <input checked="" type="radio"/> Health and Well being  | <input type="radio"/> Youth                    |
| <input type="radio"/> Social Cohesion and Participation | <input type="radio"/> Sustainability           |

**5.12 Explain how your project addresses the identified Local Clubs for Cumberland Funding Priority \***

As described above, our aim is to increase the level of participation in the community by individuals and families impacted by autism spectrum disorders. When one feels unable to engage with their community because they struggle to cope with their situation, their mental health will always suffer. That then also impacts on the whole family. Children with autism need to participate to learn how to live in the world. Regular experiences enable them to meet other children who will not pressure them or make them feel inadequate.

Our model has proven successful across all 13 regions we provide support and social opportunities for families dealing with autism. We have seen friendships develop between kids on the autism spectrum, parents, and siblings with each other alike.

no more than 200 words

Must be between 50 and 200 words

### Outcomes and Evaluation

**5.13 What will be the outcomes of this project? List 3 things that will happen as a result of this project?. \***

Social Inclusion for kids and their families

Development of social skills among autistic children

Better Mental Health

no more than 100 words

Describe three things you want the project to achieve in terms of benefits for participants and/or others.

**5.14 How will you measure these outcomes? Please indicate evaluation methods and tools \***

Attendances at all events we run are recorded by the facilitator, and then transferred onto our reporting system.

Feedback is sought by participants, which is also why we know how popular these activities are

Photos are taken of the activities during the year.

no more than 100 words

### Project Plan



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**5.15 What would be the key milestones of your project?** Complete a work plan below that includes: project milestone, tasks and actions, performance indicators and time frames. The following information is required:

**Project Milestone:** List key milestones of the project in the order they will be undertaken.

**Tasks/Actions:** What are the important tasks that need to be completed for this milestone to be achieved?.

**Performance Indicators:** How will you measure the success the success of this task? Describe how you will know if you have achieved what you set out to achieve?.

**Time frames:** when will it be done by?

Project Milestone	Tasks/Action	Performance Indicators	Time frames
Promote each of 4 events *	Use website and emails, promote at local support groups *	strong attendances *	30 June 2019 *
Create new relationships between families	Facilitators and our group helping people connect	Feedback	30 June 2019
Acquit project	Report on events to all funding clubs	meet obligations	30 June 2019

### Project Location

To view a map of the Cumberland Local Government Area go to: <http://profile.id.com.au/cumberland>

**5.16 Where will the project be delivered? (Select all that apply) \***

- Berala
- Lidcombe
- Regents Park
- Rookwood
- Homebush West
- Auburn
- Chester Hill
- South Granville
- Granville
- Guildford, Wentworthville
- Holroyd
- Merrylands West
- Merrylands
- Gurraveen
- Wood Park
- Toongabbie
- South Wentworthville
- Pendle Hill
- Mays Hill
- Fairfield
- Yennora
- Smithfield
- Prospect
- Pemulwuy
- Guildford West
- Greystanes
- Whole of Cumberland
- Not in the Cumberland Local Government Area

At least 1 choice must be selected.

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**5.17 What is your organisation's connection to the Cumberland Local Government Area (LGA)? \***

We have 39 families currently registered with our support network in suburbs falling within the Cumberland LGA. That will continue to grow. For the last 3 years we have provided a support group, kids clubs and special carer events, all at no cost to families.  
no more than 100 words

### Funding Information

**5.18 Is the project a one-off initiative or will it require funding in future years? \***

- One off initiative
- Ongoing project

**5.19 Can your project be broken down for part-funding? if so how? \***

We could run fewer activities, however the amount we are asking for is very small.  
no more than 50 words

**5.20 Will your project be viable if you receive less than the requested amount? \***

- Yes
- No

**5.21 Is this program, project or services already assisted by existing government funding program? \***

- Yes
- No
- Not known

**5.22 Will all the ClubGRANTS funding you have requested be spent within the Cumberland Local Government area in which you area? \***

- Yes
- No

### Project Partners

**Is your application/project supported by any other community organisation/s or do you intend to work in partnership with any other organisation on this project? If yes, supporting organisations are required to complete the 'Project Partner Acknowledgment Form' and submit it with the funding application.**

[The Project Partner Acknowledgement Form can be downloaded here](#)

**5.23 Are you working with other partners? \***

- Yes
- No

## 6. Previous Funding

\* indicates a required field

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### 6.1 Has your organisation received funding from the ClubGRANTS Scheme before? \*

- Yes
- No

### 6.2 Please provide details of funding received in the past 12 months.

Name of Club	How much was received?	When was the funding received?	Purpose of funding i.e project name
City of Sydney RSL *	2750.00 *	2017 *	Sydney Social Family Days *
West's Ashfield	4950.00	2017	Marrickville Music Therapy
Club Rivers	4950.00	2017	oatley Cooking Up Life Skills
Guildford Leagues and Club Merrylands Bowling	3450	2017	Cumberland Autism Active Kids

## 7. Budget

\* indicates a required field

### 7.1 Total amount requested from Clubs from Cumberland? \*

\$1,040.00

a whole dollar amount (no cents)

What is the total financial support you are requesting in this application?

### 7.2 Budget

Outline your project budget including details of other funding that has been confirmed and applied for.

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**). All figures are GST exclusive.

Please don't add commas to figures, eg. write \$1000 not as \$1,000.

Income	\$	Expenditure	\$
Cumberland Grants	\$1,040.00	Venue \$30 x 2 hrs x 4 sessions	\$240.00
IK Aide Volunteer	\$560.00	Facilitator \$35 x 2 hrs x 4 sessions	\$280.00

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		Aide \$35 x 2 hrs x 4 sessions	\$280.00
		Resources \$150 x 1 hrs x 4 sessions	\$600.00
		Admin \$50 x 1 hrs x 4 sessions	\$200.00

Budget Totals

**7.3 Total Income Amount**

\$1,600.00

This number/amount is calculated.

**7.4 Total Expenditure Amount**

\$1,600.00

This number/amount is calculated.

**7.5 Income - Expenditure**

\$0.00

This number/amount is calculated.

7.6 In kind Contribution

What are the inkind contributions for this project?. This is any non - cash contributions to the project. E.g. provision of a venue at no cost or value of volunteer labour.

In Kind Contribution	Amount
2 volunteers assisting at groups	\$560.00
	Total: \$560.00

Quotes

**7.7 Please attach quotes for those expenditure (cost) items over \$1000. This includes quotes for equipment, consultants etc.**

*No files have been uploaded*

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

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7.8 Please provide your organisation banking details. (If you have an auspice, please provide that organisation's details)

### Bank Account \*

Account Name: Autism Community  
Network Inc  
BSB Number: 062234  
Account Number: 10417253  
Must be a valid Australian bank account format.

## 8. Privacy, Declaration, Consent, Authority

\* indicates a required field

### 8.1 Privacy Statement

Some information that Cumberland ClubGRANTS Local Committee and Cumberland Council (Council) is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("PIIP Act"). The supply of the information by you is voluntary. If you do not provide the information Council may not be able to accept your application for the Clubs for Cumberland ClubGRANTS Scheme. The information will be retained by Council and stored in Council's Central Records System and will not be made publicly available.

You may make an application for access or amendment to your personal information. You may make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PIIP Act. Cumberland Council is to be regarded as the agency that holds the information. For more information about your privacy please contact Cumberland Council. Complaints or concerns regarding the use of your personal information can be made to Council's Privacy Contact Officers.

### 8.2 Declaration

This **MUST** be completed by the applicant organisation.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Clubs for Cumberland ClubGRANTS Local Committee approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Club.

### 8.3 Consent

I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future ClubGRANTS applications.

Please note the information provided on your grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist them in processing your grant application. Members of the assessment panel will include Club representatives and local Community Organisation.

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By submitting an application you consent to Council and the Clubs for Cumberland Local Committee publishing the applicant's name, project description and amount funded on our website, this information may also be used for promoting the Clubs for Cumberland ClubGRANTS Scheme.

#### 8.4 Authority

I am authorised by the Applicant to submit this application, to make the above Declaration and provide the above **Consent**. I understand that this is an application only and may not necessarily result in funding approval.

**8.4.1 Name of authorised person completing this application \***

Mr Terry Lynch

**8.4.2 Position of authorised person completing this application \***

President

**8.4.3 Email of authorised person completing this application \***

terry@autismcommunity.org.au  
Must be an email address

**8.4.4 Phone number of authorised person completing this application \***

(02) 9543 9036  
Must be an Australian phone number

**8.4.5 Date authority provided \***

13/05/2018  
Must be a date