



## APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: <u>Autism Community Network</u>		
ABN: <u>64103662535</u>		
Council Area: <u>City of Sydney</u>		
Is your organisation a non-profit organisation?	X Yes	<input type="checkbox"/> No
Is your organisation incorporated?	X Yes	<input type="checkbox"/> No
If yes, please indicate which form of incorporation below:		
- A company limited by guarantee	<input type="checkbox"/>	
- A co-operative	<input type="checkbox"/>	
- An incorporated association	X	
- An unincorporated association	<input type="checkbox"/>	
- Other – please detail below:	<input type="checkbox"/>	
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<b>Primary Contact Details:</b>		
Title: <u>Mrs</u>	Name: <u>Claudia Walters</u>	
<small>e.g. Mr/Mrs/Ms</small>		
Postal Address: <u>PO Box 188</u>		
Suburb: <u>Riverwood</u>	State: <u>NSW</u>	Post code: <u>2210</u>
Phone: <u>0420669281</u>	FAX: _____	
Email: <u><a href="mailto:Claudia@autismcommunity.org.au">Claudia@autismcommunity.org.au</a></u>		
<b>Secondary Contact Person Details:</b>		
Title: <u>Mr</u>	Name: <u>Steve Drakoulis</u>	
<small>e.g. Mr/Mrs/Ms</small>		
Phone: <u>9584 0073</u>	FAX: _____	
Email: <u><a href="mailto:steve@autismcommunity.org.au">steve@autismcommunity.org.au</a></u>		

### IMPORTANT INFORMATION

**LOCAL COMMITTEE INDEX:** Information on where and how to apply to each Local Committee (based on local government area) is also available on the ClubsNSW website ([www.clubsnsw.com.au](http://www.clubsnsw.com.au)) by following the 'Local Committee Index' Link. If your area has a local committee, please contact the local committee convenor or council before applying. Also read the latest ClubGRANTS guidelines, available from [www.clubsnsw.com.au](http://www.clubsnsw.com.au)

**REMINDERS:**

- Applications should be sent to local committees or individual clubs, where appropriate. Applications sent to ClubsNSW will be returned.
- There is no application form for Category 2 funding. In relation to Category 2 grants, applicants should liaise directly with individual ClubGRANTS clubs in their local area – a listing is provided on the ClubsNSW website.
- Please do not attach lengthy covering letters or appendices to your application.

**FURTHER INFORMATION:** Please call ClubsNSW on 02 9268 3000 or email [enquiries@clubsnsw.com.au](mailto:enquiries@clubsnsw.com.au) for further information.

**If your application for funding is successful you will be required to:**

- make an appropriate level of acknowledgement of the funding source for the project;
- complete an evaluation form at the end of the project.

**Q1. Project Name:** \_\_\_\_\_Autism Families Together – City of Sydney\_\_\_\_\_

**Q2. Project Sponsors (if applicable):**

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**Q3. Please provide an outline of your project (what you are going to do or provide, e.g. details of your event, service, product etc).**

Autism Families Together – City of Sydney will enable us to provide a dedicated Coordinator for the City of Sydney group. In just 10 hours per month, this person will facilitate 11 monthly support group meetings (including one carer pamper day) at 99 on York as well as act as a contact point for 77 current member families in the Sydney Area Health Service region, encourage volunteerism and drive awareness campaigns in schools throughout the area.

Based on ABS statistics, there are 964 people with Autism Spectrum Disorders in the City of Sydney area. Autism is a lifelong developmental disability characterised by great difficulty in verbal and/or non-verbal communication, social awareness and interactions and imaginative play (interests and behaviours). These deficits impact heavily on the individual's ability to learn and relate and results in social isolation. This project will link families so that they can share information and support one another in improving quality of life for their children.

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**Q4. Which of the following community priorities below does your project address? Please tick ONE (1) BOX ONLY.**

- A1 - family support/emergency or low cost accommodation
- A2 - child protection/child care
- A3 - counselling services
- A4 - aged, disability or youth services
- A5 - victims of natural disasters
- A6 - volunteer emergency services
- A7 - veteran welfare services
- B1 - neighbourhood centre/youth drop in activities
- B2 - community transport services
- B3 - community education programs
- B4 - tenants services
- B5 - state-wide or regional services developing social policies and/or providing advocacy for local communities
- C1 - early childhood health/child and family services
- C2 - community nursing/therapy/mental health services
- C3 - drug & alcohol/palliative care/women's health/aboriginal health/dental services
- C4 - home and community care and disability services
- C5 - health promotion initiatives
- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme

**Q5. Who will your program benefit?**

- Children (0-14 years)
- Young People (15-24 years)
- Women
- Families
- Older People (65+ years)
- People from non-English speaking backgrounds
- Aboriginal and Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

**Q6. How many local residents will your project benefit?**

**Recipients:** 20 carers attend meetings/pamper day, 77 local families supported

**Volunteers:** 2

**Q7. If you expect indirect beneficiaries, who might they be?**

Children with Autism Spectrum Disorder (ASD) in participating families will benefit by their families having more support and access to information

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49 local schools will be invited to participate in our autism awareness campaign

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**Q8. What impact do you hope to have on your identified local community priority needs?**

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1. Reduce social isolation

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2. Improve decision making about therapies for their child through better access to information

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**Q9. How will you know that you have made a difference (and measure your outcomes?)**

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1. Facilitator collects anecdotal stories about friendships made and support networks strengthened through the group

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2. Facilitator records parent/carer comments about carer recommended local services to add to our online directory

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3. Annual Member survey asks participants to rate the quality of the service provided. This is anonymous

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**Q10. What is the proposed commencement date and completion date for the project?**

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1 July 2015 to 30 June 2016

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**Q11. Does the project need to be followed up after completion? If yes, how?**

No. The project can stand alone although we hope to continue it through government or other funding to continue to reach newly diagnosed families

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**Q12. What are your plans to ensure that the benefits of the project will be sustained (that is, continue after the project has finished and/or there is no more funding available?)**

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The main benefit of this project is in the lifelong friendships made that provide a network of support for families with children on the autism spectrum. We have had many instances where families provide social support outside of the scheduled group times, providing childcare, hot meals in times of high stress, someone to talk to when things go wrong. This is invaluable to our families.

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**Q13. Are you working with other partners in this project, or have you asked for support from anyone else?**

Yes       No

**Q13a. If yes, please provide contact details:**

Carer's NSW, Together Program Officer, Amanda Princess P: 9280 4744

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**Q14. Is anyone else doing a similar project in this LGA with your target group?**

Yes       No       Not known

**Q14a. If yes, who? Have you spoken to them about collaboration/ ensuring non-duplication of services?**

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**Q15. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If yes, please give details (how much, which program):**

Yes. We will receive \$1,500 (ex GST) from Carer's NSW which will allow us to purchase an iPad to be used by the group Facilitator, some catering for an event and to meet our administrative costs such as

insurance etc

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**Q16. What is the total amount of ClubGRANTS funding you are seeking for this application?**

\$6,700

**Q17. Can your project be broken down into smaller sections for part-funding? If so, how?**

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Yes. We can drop the pamper day to save \$1,700.

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**Q18. Have you applied, or do you intend to apply, to any other registered club or funding body for this project (including applications in other areas)?**

Yes       No

**If yes, please identify:**

Together Program, Carer's NSW for \$1,500

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**Q19. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?**

Yes       No

**Q19a. If no, approximately what percentage will be spent outside the local area?**

9%

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**Q20. Has your organisation received funding from the ClubGRANTS scheme before?**

Yes       No

**Q20a. If yes, in what year, for what purpose and how much?**

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2013/14 - Sutherland Clubs \$4,515 for support group; Hurstville \$4,808 for drama club; Kogarah \$3,000 for

drama club; City of Sydney \$2,000 for music club.

2014/15 - Bankstown Clubs \$4,866 for art club ; Randwick Clubs \$3,744 for support group

**Note: Organisations that have not submitted their report / progress forms will not be considered for further funding.**

**Q21. Please outline below the project budget for your proposal, including funding from this source (ClubGRANTS) and any other funding sources. E.G. salaries, program costs, capital equipment, rent, etc.**

Income		Expenditure	
Description	\$	Description	\$
City of Sydney Clubs	\$6,700	Facilitator 11 months x 10hrs/month x \$30/hr	\$3,300
Carers NSW Together funding	\$1,500	Supervision/promotion 6 hrs x \$50/hr	\$600
		Childcare 3hrs x 10 participants x \$30/hr	\$900
		Pamper day contractors 4 x \$200	\$800
		Venue hire 11 sessions x 2 hrs x \$100	\$1,100
		iPad	\$500
		Catering	\$400
		Admin (insurance etc)	\$600
<b>TOTAL INCOME</b>	<b>\$8,200</b>	<b>TOTAL EXPENDITURE</b>	<b>\$8,200</b>

*\*If more room is required, please attach extra information on a new page.*

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**Q21a. Please provide your organisation's banking details**

**Account Name:** \_\_\_\_\_Autism Community Network\_\_\_\_\_

**BSB No:** 062234 **Account No:** \_\_\_\_\_10417253

**Q21b. If the club wishes to provide a cheque, please advise as to who the cheque should be made out to for this purpose:**

Autism Community Network

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**Q21c. Please attach a copy of your last annual report including financial statements, if applicable**

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## Declaration, Authority and Consent

The applicant declares that the application information is true and correct. The Applicant will notify the Local Committee and/or club of any changes to this information and any circumstances that may affect this application.

The applicant authorises and consents to the Local Committee and/or Club:

1. Referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding opportunities.
2. Disclosing the Application Information to ClubsNSW and to ClubsNSW collecting, aggregating, having access to, using, disclosing and publishing the Application Information for a ClubsNSW purpose.

**“Application Information”** means all information and data (including email and personal information) provided within this document.

**“ClubsNSW Purpose”** means:

- a) To quantify the social contribution made by registered clubs by the making of grants; and
- b) To use, disclose and publish the Application Information which it collects and aggregates from Clubs in ClubsNSW’s capacity as an advocate on behalf of the Club industry.

I understand that this is an application only and may not necessarily result in funding approval.

I am authorised to submit this application and agreeing to the Declaration, Authority and Consent.

I have read and agreed to the above.

Authorised Person:

Title: Mrs      First Name: Claudia      Last Name: Walters

Position: Strategic Manager

Contact Number: 0420 669 281

Signature: \_\_\_\_\_

Date: 8 March 2015