



Name of Organisation Applying for Funding: Autism Community Network

ABN: 64 103 662 535

Council Area: City of Sydney

Is your organisation a non-profit organisation?       Yes       No  
Is your organisation incorporated?       Yes       No

If yes, please indicate which form of incorporation below:

- A company limited by guarantee
- A co-operative
- An incorporated association
- An unincorporated association
- Other – please detail below:

**Primary Contact Details:**

Title: Ms      Name: Claudia Stevens  
e.g. Mr/Mrs/Ms

Postal Address: PO Box 188

Suburb: Riverwood      State: NSW      Post code: **2210**

Phone: 0420 669 281      FAX:

Email: [funding@autismcommunity.org.au](mailto:funding@autismcommunity.org.au)

**Secondary Contact Person Details:**

Title: Mr      Name: Steve Drakoulis  
e.g. Mr/Mrs/Ms

Phone: 0431 724 229      FAX:

Email: [autismcommunity@yahoo.com](mailto:autismcommunity@yahoo.com)

## **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 convener 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.

## **APPLICATION FORM 2013 - CATEGORY 1 FUNDING**

**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:** \_\_\_\_\_ Inner-west Autism Kids Music Club \_\_\_\_\_

**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).**

1. Provide 20 x 2 hour music classes tailored to the needs of children with an Autism Spectrum Disorder and their siblings. The sessions to be held fortnightly during school terms at the Addison Road Community Centre. This program will include a performance for family and friends during the last week of term for if appropriate for the needs of the group.
2. Provide a concurrent information and support group sessions for parents and carers of children attending these classes

**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:** Children with ASD and their siblings (10) plus parents/carers (10) each term. 40 families in total.

**Volunteers:** \_\_\_\_\_ 2 \_\_\_\_\_

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

Indirect beneficiaries include the schools and communities in which the participants learn and live as the improved social skills learned in the class will have flow on, legacy benefits in all settings.

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

Inner-west Autism Kids Music Club will provide a full year program of services to children with an Autism Spectrum Disorder and their siblings. This program provides a safe environment for children with deficiencies in communication, socialisation and creative play to experiment with social interaction and gain confidence. It allows siblings to express some of the issues facing them and to have an opportunity to mix with other children who share and understand the experience.

The program will also allow us to meet the needs of parents and carers by offering them a regular respite from the responsibilities of caring for their special needs children where they can share their stories and exchange information. This project also improves the broader social fabric of the community by raising awareness of the abilities and interests of children on the autism spectrum through media promotions.

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

Attendance at sessions will be tracked, parents will be asked to provide feedback regarding the value of the program to their children and families and a combination of photos and anecdotal evidence will be taken from the children during the course of the program.

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

The program will run for 12 months through to 30 June 2014 depending on notification date.

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

The project does not require follow-up after completion as it is designed to stand alone, however we will be seeking recurrent funding through ADHC to ensure that the program continues to be available in future years.

**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?)**

The main benefits of the project are the social skills and confidence that our children will develop through the medium of music. These benefits will have a lifelong impact on these children, their families and their communities.

**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:**

We are taking a regional approach and will be applying to Addison Road Community Centre for support with media promotion.

**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?**

Individual music therapists work one-on-one, on a fee for service basis, with children on the autism spectrum however there is such a shortage of skilled teachers that waiting lists mean that our children cannot get access to these opportunities. The cost is often prohibitive for our families who are already dealing with the high cost of medical, behavioural and educational interventions.

**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):**

No.

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

\$4,600
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**Q17. Can your project be broken down into smaller sections for part-funding? If so, how?**

Yes. The program can be reduced by half by reducing the number of sessions. This will mean that the children will only be able to meet monthly rather than fortnightly which is not optimal for building group cohesion and the confidence of the children.

**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:

We will be applying to Burwood and Marrickville Councils to part fund this as a regional project.

**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?**

20% of the funding will be spent outside of the local area

**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?**

In 2013 from Hurstville (\$4,804) and Canterbury (\$4,804) for outreach, a monthly support group, production of communication tools and training for Board volunteers.

**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	\$
Marrickville Clubs grant	4,600	Music therapist 1hrs x 20 sessions x \$200/hr	4,000
City of Sydney Clubs grant	4,600	Assistant 2 hrs x 20 sessions x \$30/hr	1,200
Burwood Clubs grant	4,600	Support group leader/facilitator 3hrs x 20 sessions x \$50/hr	3,000
ACN Volunteers 2 x 10hrs x \$30/hr	600	ACN Volunteers 2 x 10hrs x \$30/hr	600
Addison Road Community Centre in-kind	300	Venue 2 hrs x 20 sessions x \$50/hr	2,000
		Equipment 10 participants/term x 4 terms x \$20/participant	800
		Catering 10 children plus 10 adults per session x 20 sessions x \$2/head	800
		Printing 10 families per term x 4 terms x \$20/family	800
		Insurance, promotion and administration	1,500
<b>TOTAL INCOME</b>	<b>\$14,700</b>	<b>TOTAL EXPENDITURE</b>	<b>\$14,700</b>

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

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

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

**BSB No:** \_\_\_062 234\_\_\_ **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

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

Attached

## 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:

Yes, I have read and agree

No, I do not agree

Authorised Person:

Title: Ms First Name:            Claudia            Last Name:            Stevens           

Position:            Treasurer           

Contact Number:            0420 669 281           

Signature:           

Date:    3/6/13