



APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: <u>Autism Community Network</u>	
ABN: <u>64 103 662 535</u>	
Council Area: <u>Georges River Council</u>	
Is your organisation a non-profit organisation?	<input type="checkbox"/> Yes
Is your organisation incorporated?	<input type="checkbox"/> Yes
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	<input checked="" type="checkbox"/> YES
- An unincorporated association	<input type="checkbox"/>
- Other – please detail below:	<input type="checkbox"/>
Primary Contact Details:	
Title: <u>MS</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>95439036</u>	FAX: <u>NIL</u>
Email: <u>claudia@autismcommunity.org.au</u>	
Secondary Contact Person Details:	
Title: <u>MR</u> Name: <u>STEVE DRAKOULIS</u> <small>e.g. Mr/Mrs/Ms</small>	
Phone: <u>0431 724 229</u>	FAX: <u>NIL</u>
Email: <u>steve@autismcommunity.org.au</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) 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

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 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: Access for autism in financial hardship

Q2. Project Sponsors (if applicable):

NIL

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).

Provide scholarships to people with Autism who are experiencing significant financial hardship to subsidise access to a range of services that build skills and improve health and wellbeing outcomes. Activities will be chosen by participants and may include a technology club, fitness program or creative arts classes which can be accessed weekly, fortnightly or monthly.

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: 5

Volunteers: 2

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

Participants in our social skills and support programs benefit from being part of their wider communities. Their increased mental health status benefits their family, as well as the general community through their inclusion within it.

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

Based on 2016 population statistics, there are approximately 947 people with Autism in the Inner West Council area. According to Horlin 2015 in PLOS, "The median family cost of ASD was estimated to be AUD \$34,900 per annum with almost 90% of the sum (\$29,200) due to loss of income from employment." The Autism Community Network now supports 27 families (more than 68 individuals) in the Georges River council area. The growing demand for services has caused us to redesign our model to incorporate more user pays programs. This enables us to reach more families with the kinds of tailored services that they need. Unfortunately, families experiencing financial hardship are unable to access these programs because of the costs involved. The NDIS will not cover the cost of such programs for children, young people and adults with what is known as High Functioning Autism (HFA). They focus on people that have moderate to severe disability. People with HFA are more likely to become contributing members of society with the right support and make up the majority of people with Autism. Access for Autism in Financial Hardship will improve health and wellbeing for people with complex needs i.e. a disability (Autism) and financial hardship. It will breakdown the social isolation by subsidising the cost of services that bring people with similar interests, abilities and challenges together. Social skills and confidence will be enhanced through participation in group activities and positive attitudes to health and fitness will be developed in-line with each person's personal goals.

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

We record attendances at our programs, photograph the events, and seek feedback from participants

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

Start 01 /07/ 2017
End 30 / 06 / 2018

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

We will gauge the success of this initiative and then work with potential sponsors and partners to seek further opportunities to help people in the community affected by autism conditions.

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?)

Projects we run are aimed at breaking the isolation that individuals and families dealing with autism experience. By providing the opportunity for them to get involved they meet other like-minded people, and learn about all the various programs and opportunities available to them. Many of the programs we run do not require funding so once these people have joined the community they can access all there is there to offer for them.

In terms of funds to assist them to access pay for use programs, this project will require funding but we hope to prove the model using Clubs funding to then seek Corporate and crowd-funding sources for future years.

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

X No

Q13a. If yes, please provide contact details:

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

X No

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

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?

\$4,950

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

Yes

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)?

X No

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

X Yes

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

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

X Yes

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

2013/14	Hurstville Autism Kids Drama	\$4808
2013/14	Kogarah Autism Kids Drama	\$3000
2013/14	Sydney Music Club	\$2000
2013/14	Marrickville Music Club	\$4600
2013/14	Sutherland support group	\$4830
2014/15	Bankstown Art Club	\$4866
2014/15	Randwick support group	\$3744
2014/15	Hurstville support group	\$4900
2015/16	Sutherland Fit and Friendly	\$5600
2015/16	Parramatta support group	\$4800
2015/16	Hurstville Fit and Friendly	\$5300
2015/16	Canterbury Drama	\$5000
2016/17	St. George Cooking Up Life Skills	\$5300
2016/17	St. George Art Club	\$5300
2016/17	Hurstville Fit & Friendly	\$5300
2016/17	Ryde Arts About Autism Club	\$2357.60

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	\$
Inner West Council Clubs Grant	\$4950	Entry fee \$10 per week x 10 weeks x 4 terms x 5 participants	\$2000
ACN in-kind volunteers	\$2500	Entry fee \$20 per fortnight x 5 fortnights x 4 terms x 5 participants	\$2000
		Administration fee \$95 per participant x 10	\$950
		Volunteers \$25/hr x 100 hrs	\$2500

TOTAL INCOME	Total: \$7,450.00	TOTAL EXPENDITURE	Total: \$7,450.00

**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 Inc. _____

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:

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

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:MR_____ First Name: _STEVE _____ Last Name: __ DRAKOULIS _____

Position: _____ OPERATIONS MANAGER _____

Contact Number: _____ 0431 724 229 _____

Signature: -  _____

Date: _28/4/2017_____