

2017 ClubGrants

2017 Category 1 - Application Form

Application 00487 From Autism Community Network

Instructions to Applicants

Insert name of organisation here eg: Sutherland Local Committee

Getting Support

Contact us on 9710 0422 during business hours or email cue@ssc.nsw.gov.au and quote your application number.

If you need more help using this form, download the online 'how to' [Help Guide for Applicants](#) or review the [ClubGRANTS Application Guide](#).

Navigating (moving through) the application form

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to move directly to the page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

Saving your draft application

If you wish to leave a partially completed application, press 'save' and log out. When you log back in and click on the 'My Submissions' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download' button at the bottom of the application navigation panel.

You should ensure you are saving your application frequently. Each time you navigate to a new page, the previous page is saved automatically. However, if you lose power or you lose internet connection for example, you may lose any changes you have made, so save often!

Submitting your application

You will find a **Review and Submit** button at the bottom of the Form Navigation Panel on every page. Once you have reviewed your application you can submit it by clicking on 'Submit' at the top of the screen or on the navigation panel. You will not be able to submit your application until all the compulsory questions are completed.

Once you have submitted your application, no further editing or uploading of support materials is possible.

When you submit your application, you will receive an automated 'confirmation' email with a copy of your submitted application attached. This will be sent to the email address you used to register.

If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.

Attachments and support documents

You may need to upload/submit attachments to support your application. This is very simple, but requires you to have the documents saved on your computer, or on a storage device.

You need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB – the larger the file, the longer the upload time.

If you are not able to upload a document, please contact us for support (see above)

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Completing an application in a group/team

A number of people can work on an application using the same log in details as long as only one person is working at a time. Ensure you save as you go.

Spell check

Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

All questions marked with * are compulsory. You are unable to submit your application unless all compulsory questions have been answered.

Applicant Details

* indicates a required field

Organisation

1. Exact Name of Organisation *

Autism Community Network
Exact name of the incorporated organisation.

2. ABN

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 More information
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	2210 NSW
Information current as at 12:00am yesterday	

3. Postal Address *

PO Box 188
Riverwood NSW 2210 Australia

4. General Email Address *

info@autismcommunity.org.au

Status

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5. Is your organisation a not-for-profit organisation? * Yes No

6. Is your organisation incorporated? * Yes No

6.1 If yes, please indicate which form of incorporation * Company limited by guarantee
 Co-operative
 Incorporated Association

Contact Person(s)

Contact Person 1

Organisation / Program Manager or main voluntary organiser

7. Contact Person 1 Name * Ms Claudia Walters

7.1 Contact Person 1 Position/Title * Project Coordinator

7.2 Contact Person 1 Email * claudia@autismcommunity.org.au

7.3 Contact Person 1 Tel * 0420 669 281

7.4 Contact Person 1 Fax

Contact Person 2 (optional)

President / Chairperson, Secretary or Treasurer of Management Committee / Board

8. Contact Person 2 Name Mr Steve Drakoulis

8.1 Contact Person 2 Position/Title Operations Manager

8.2 Contact Person 2 Email steve@autismcommunity.org.au

8.3 Contact Person 2 Tel 0431 724 229

8.4 Contact Person 2 Fax

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Project Overview

* indicates a required field

9. Project Name *

Access for autism in financial hardship

10. Please provide a short outline of your project *

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.

Word Limit: 100

11. What is the primary Local Government Area in which your project is taking place? *

Sutherland

Funding Sources

* indicates a required field

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

\$4,950.00

Please note, while there is no limitation on project size, "value for money" considerations and the fact that most clubs cannot fund large projects, mean that additional justification is recommended for large projects.

13. Can your project be broken into smaller sections for part funding? *

Yes No

13.1 If so, how? Describe each part: *

Access for Autism in Financial Hardship can be broken into smaller sections for part funding by reducing the number of scholarships provided.

14. Have you applied, or do you intend to apply to any other registered club or funding body for this project? *

Yes No

15. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area you have applied for? *

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Yes No

Community Priority Needs

* indicates a required field

16. Which of the following community priority needs listed below does your project address?

Community Welfare and Social Services:

- 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

Community Development:

- 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

Community Health Services:

- 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

Employment Assistance Activities:

- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme

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

Based on 2015 population statistics, there are approximately 1,130 people with Autism in Sutherland Shire. 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 155 families (more than 370 individuals) in Sutherland Shire. 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

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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.

Word Limit: 300. Note: You will need to evaluate and report on your project against these outcomes.

Target Group

* indicates a required field

18. Who will your project benefit? *

- Children (0-14yrs)
- Young people (15-24)
- Women
- Families
- Older people (55+)
- People from non-English speaking backgrounds
- Aboriginal & Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

19. How many local residents will your project benefit or involve?

Number of Recipients * 10

Number of Volunteers * 2

Please list any other project beneficiaries:

Other beneficiaries

Other participants will benefit by the participation of this group with complex needs

20. Please list your desired project outcomes *

Provide access to activities where cost is prohibitive to people on low incomes or with high costs associated with their disability.

Achieve participant goals in terms of improving health and wellbeing outcomes.

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21. How will you assess whether or not these outcomes have been achieved? *

Supporting documentation will show that scholarship recipients are affected by autism and also experiencing financial hardship due to family breakdown, unemployment/ underemployment, high cost of therapies associated with more than one person in the family needing support etc.

Participant and/or carer application form will identify personal goals. Self-evaluation through the project will then identify if goals have been met.

Project Schedule and Sustainability

* indicates a required field

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

Start * 01/07/2017
Must be a date

Finish * 30/06/2018
Must be a date

Should you wish to upload a project timeline, please do so here:

Project Timeline *No files have been uploaded*
Max 25mb

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

The project will require ongoing funding, however we hope to prove the model using Clubs funding to then seek Corporate and crowd-funding sources for future years.

24. What are your plans to ensure that the benefits of the project will be sustained?

Access Autism in financial hardship will enable people with autism and experiencing financial hardship to trial a range of activities. Through this exploration and the friendships/ supports that are built up over this time, it is anticipated that participants will be able to continue their learning.

Word limit: 300 maximum

Partnerships

* indicates a required field

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

- Yes
- No
- Not Known

25.1 If yes, the following form should be downloaded: [Project Partners Acknowledgement Form](#) and completed by organisations that wish to provide support to applicants to the ClubGRANTS Scheme. Completed forms are to be submitted with this funding application and once completed can be uploaded here:

Filename The Lab ClubGRANTS Partnerships.pdf
 File size 1.3 MB
 Max 25mb

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

- Yes
- No
- Not Known

27. Is this program, project or service already assisted by an existing Government funding program? *

- Yes
- No
- Not Known

Previous Funding & Budget

* indicates a required field

28. Has your organisation received funding from the ClubGRANTS (formerly CDSE) program before? *

- Yes
- No

28.1 If yes, please provide details of any previous funding in the table below of:

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

Year Received	Amount Received	Purpose of Funding	Report Submitted
2016-2017 *	\$5,600.00 *	Menai Fit and Friendly *	Yes *

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2015-2016	\$5,600.00	Menai Fit and Friendly	Yes
	Total: \$11,200.00		
	Must be a dollar amount		

Project Budget

29. Please complete the following project budget for your proposal

Include an explanation of the basis for each item, for example:

Facilitator Fees @ \$40ph x 2hpw x10 weeks Printing \$300 Rental Contribution 1/5th of total space occupied

Income Description	\$	Expenditure Description	\$
Sutherland Shire Clubs	\$4,950.00	Entry fee \$10 per week x 10 weeks x 4 terms x 5 participants	\$2,000.00
ACN in-kind volunteers	\$2,500.00	Entry fee \$20 per fortnight x 5 fortnights x 4 terms x 5 participants	\$2,000.00
		Administration fee \$95 per participant x 10	\$950.00
		Volunteers \$25/hr x 100 hrs	\$2,500.00
	Total: \$7,450.00		Total: \$7,450.00

29.1 Please attach *two* quotes for each capital item costing \$1,000 or more.

Attach quotes here:

No files have been uploaded
Max 25mb

Banking Details

* indicates a required field

30. The Club may wish to provide applicants with a cheque, please advise as to who the cheque should be made out to for this purpose? *

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Autism Community Network

31. Please provide either:

- a) Your organisation's bank details, or
- b) Your auspice's bank details, if your application is being auspiced.

Account Name: * Autism Community Network

BSB: * 062234
Must be no more than 6 characters

Account Number: * 10417253

Documentation

32. Please attach your latest annual report:

Filename 2016 Annual Report.pdf
File size 11.8 MB
Max 25mb

33. Please include an audited financial statement:

Filename auditors_reports_2016.pdf
File size 1.7 MB
Max 25mb

34. You may wish to upload a letter of support or endorsement from a previous funder or from a third party. Please note this is optional:

No files have been uploaded
Max 25mb

Declaration

* indicates a required field

Conditions, Privacy, Data Use, Consent and Authority

Funding Conditions

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

1. Ensure that your organisation does not accept funding or the equivalent in-kind support for the same project from any other source unless joint funding is required for the

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- implementation of the project AND you have informed all funders of all sources of funding for this project.
2. Make an appropriate level of acknowledgement of the funding source for the project.
 3. Provide progress reports in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for projects receiving funding or the equivalent in-kind support valued at over \$5,000).
 4. Complete a Standard Funding Report Form at the end of the project in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for grants or in-kind support valued at over \$5,000).
 5. Enter into a formal contract with the sponsoring Club where an individual grant for ClubGRANTS funding or equivalent in-kind support exceeds \$10,000.
 6. Regularly communicate with the funding Club/s and ClubGRANTS Local Convenor regarding the progress of your project, including facilitating any on-site visits that may be requested in order to further the funder's understanding of the project.
 7. Abide by any other conditions that may be placed on the funding of the project (including but not limited to collaboration with other relevant local projects or activities), as stipulated in the Offer of Funding.

Although care is taken to ensure that the information regarding the ClubGRANTS scheme is correct at any given stage of the ClubGRANTS process, the granting organisation cannot guarantee and assumes no legal liability or responsibility for the accuracy, currency or completeness of the information provided.

Privacy Statement

This privacy statement is a requirement of section 10 of the *Privacy and Personal Information Protection Act 1998* (NSW).

Some of the information in this application is personal information. This information is required to assess your application for grant funding from registered clubs and to communicate with you about this application and any resulting funding. The information will be used by the ClubGRANTS Local Committee to which you are applying and ClubsNSW staff, and may also be shared with trusted contractors or consultants appointed by them for a particular task, or by persons or entities who may have a legal entitlement to such information or when so directed by a court order. The information will be retained by ClubsNSW and stored on an Our Community (operator of SmartyGrants) server.

Data Use

The Applicant acknowledges and consents to:

1. The information supplied in this application being stored by Our Community (operator of SmartyGrants) and made available to ClubsNSW and the subject ClubGRANTS Local Committee for the purpose of assessing the application and associated administration purposes;
2. The ClubGRANTS Local Committee and/or ClubsNSW referring the contents of this application (as necessary) to external experts and other Clubs or grantmakers for the purpose of assessment, reporting, advice, comment, benchmarking, streamlining, trend analysis, or for discussions regarding alternative or collaborative funding opportunities.
3. The information supplied in this application being used by ClubsNSW, in isolation or in aggregate, for any purpose, including:
 1. To quantify the social contribution made by Clubs in the making of grants; and
 2. To advocate on behalf of the Clubs industry.

NOTE: ClubsNSW and ClubGRANTS Local Committees will not publicly disclose any personal information (such as contact details). Such information may, however, be shared with trusted parties for the purposes as described above.

Declaration & Consent

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The Applicant:

- Declares that the information provided in this application form is true and correct.
- Undertakes to notify the subject ClubGRANTS Committee of any changes to this information and any circumstances that may affect this application.
- Acknowledges that this is an application only and may not necessarily result in funding approval.
- Acknowledges and consents to the Funding Conditions, Privacy Statement and Data Use provisions described above.
- Declares that he/she is authorised by the applicant organisation to submit this application and agree to the terms and conditions described above.

I have read and agree to the above: *

- Yes, I have read and agree
- No, I do not agree

Authorised Person: *

Ms Walters Claudia

Position: *

Project Coordinator