



**Community Grants Program
2015 / 2016**

Hurstville City Council

Project Evaluation Report



PROJECT EVALUATION REPORT 2015/2016

1. Name of Organisation

Autism Community Network

2. What was the name of the funded project ?

Fit & Friendly Hurstville

3. Who was the target group who directly benefited from the project ? *(Tick one box only)*

<p>Aboriginal Community</p> <p>Children</p> <p>Disadvantaged Community</p> <p>General Community</p> <p>Multicultural Communities</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>						<p>Older People</p> <p>People with Disabilities</p> <p>Youth</p> <p>Women</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="text-align: center; height: 25px;">1</td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>		1		
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4. What geographical area did your project cover ?

Suburb/s multiple suburbs	Local Government Area/s St.George
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5. What was the grant amount your organisation received ?

\$5300

6. Was all of the grant expended ?

Yes

If no, please explain.

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7. Were funds expended in accordance with the original budget and application approved by Council ?

Yes

If no, please explain.

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8. Please provide details of the expenditure of the grant.

(Attach copies of receipts where appropriate)

Expenditure Item	Amount
40 x 1 hr sessions and use of gym	\$..4,000.....
supervision and promotion of program	\$..600.....
Occupational Therapist (booked for term 2)	\$..300.....
Administration	\$..400.....
TOTAL:	\$.....5,300.....

Signed by Treasurer

9. Please provide details of income received for the project.

Other Grants	\$ _____ nil _____
Donations	\$ _____ nil _____
Fees / Charges	\$ _____ nil _____
Other	\$ _____ nil _____
TOTAL:	\$ _____ nil _____

10. Report On Project Outcomes

Please complete the report on page 5 on the achievements of your project in relation to the workplan submitted in your original application.

(SEE NEXT PAGE)

<p style="text-align: center;">OBJECTIVE/S <i>(What results did you aim to achieve?)</i></p>	<p style="text-align: center;">STRATEGIES <i>(What steps did you take to achieve your objective?)</i></p>	<p style="text-align: center;">OUTCOMES ACHIEVED <i>(How did you measure your success?)</i></p>
<ul style="list-style-type: none"> • to provide an environment where children with autism could participate in healthy activities • to allow children with autism to get out and have fun in an environment where they could improve their health and fitness, improve their social skills and have the opportunity to make friends • Provide an environment where the parents and carers of children with autism can meet for mutual support. While carers will often forego that kind of opportunity for themselves, coming to a group for their children allows them to connect and break their own isolation. • To engage with the community and help the staff of a mainstream fitness centre better understand the needs of people with autism, helping them better cater to the needs of other clients with disabilities 	<ul style="list-style-type: none"> • Liaised with fitness centre to get across the needs of the program and requirement of suitable trainers • split group into younger and older children • Younger children participated in a varied recreational/games program involving physical activities • Older children were in the main gym using aerobic and weights equipment more suitable to them • Engaged an Occupational Therapist to observe structure of program and report on findings • Representatives from our management supervised program to ensure all criteria were being met and liaised with contractor any time we felt the need to correct any variances • 	<ul style="list-style-type: none"> • number of children who participated (records were kept of weekly attendances) • feedback from children and parents • social interaction between children with autism • social interaction between carers

CERTIFICATION

Certification By Two Representatives Of The Organisation Or Group.

(Excluding a staff member / employee)

We, as duly authorised representatives and office bearers of the organisation, certify that the information provided in this evaluation report for a Council grant is true and correct in every detail.

We agree to provide any further information required by Hurstville City Council about the expenditure of the grant.

1.	Signature	Date
	Print Name	Position in Organisation
2.	Signature	Date
	Print Name	Position in Organisation