



APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: Autism Community Network

ABN: _____64 103 662 535__

Council Area: Hurstville

Is your organisation a non-profit organisation? X Yes

Is your organisation incorporated? X Yes

If yes, please indicate which form of incorporation below:

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

Primary Contact Details:

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

Postal Address: P.O. Box 188

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

Phone: 9543 9036 / 0431724229 FAX: N/A

Email: steve@autismcommunity.org.au

Secondary Contact Person Details:

Title: Mr Name: Warren Thompson
e.g. Mr/Mrs/Ms

Phone: 9543 9036 / 0410 850 508 FAX: N/A

Email: warren@autismcommunity.org.au

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 convener 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: AUTISM AWESOME ART KIDS

Q2. Project Sponsors (if applicable):

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).

This project aims to provide support for families experiencing autism. When a child is diagnosed with autism, his/her family can experience a range of emotions: relief that there is a reason for the difficulties the child has faced; grief for the lifestyle that was hoped for but that can now not be achieved; and fear of the amount of intervention the child will need to start to function within society, let alone attend school and achieve any sort of future independence.

This Art group is a way of bringing children with autism spectrum disorders to help them develop essential social skills. With support from our partners, Georges River Life Care, who have funded it when funds were available, we have been seeing wonderful results since 2010.

The children are brought together in an appropriate, no pressure environment where they draw, paint, do craft activities or play games together. The objective is not to teach art, but rather allow them to develop the skills needed to form friendships at their own pace.

Their siblings are included as it is important that they are never left feeling excluded because their parents are helping their brother or sister with a disability, but they get to meet other siblings who understand what it's like to have an autistic sibling.

The parents also benefit; while bringing their children to participate, they are able to engage with other parents who understand them, for mutual support.

This program has been so positive that we have since duplicated it in Epping, and about to start another in Parramatta.

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

A4 - aged, disability or youth services

Q5. Who will your program benefit?

Children (0-14 years)

Young People (15-24 years)

Families

People from non-English speaking backgrounds

People with disabilities

Q6. How many local residents will your project benefit?

Recipients: 69 within the Hurstville council area

Volunteers: 1

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

Residents, businesses and venues will benefit with families experiencing autism able to participate more in local activities and be a greater part of their local community.

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

Parents' feelings of isolation lessen as they are supported by those who understand first-hand how difficult their lives sometimes are. They share the positive stories as well as those that have caused them distress. The group is an outlet for their worries, concerns, stresses and joys. It is also a vehicle for sharing information on intervention theories, services available, training available, strategies for school, and what has and has not worked for them and their child. Maintaining and growing these groups will enable us to help meet this vital need.

The result is parents who feel less alone, more positive about the work they are doing to help their child progress, more optimistic about the future and more informed about the choices available to them.

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

The program will be evaluated through:

Recording attendance figures

Feedback from participants completing evaluation forms

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

1 July 2016 to 30 June 2017

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

The group could potentially continue with volunteers but it would depend on our ability to secure resources and supplies.

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?)

If there is no additional funding the group of parents that benefit from this program will have information and skills that will assist them throughout the remainder of their life. This disadvantage of a loss to funding will be that new parents will not be able to gain access to the same assistance and support.

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:

Georges River Life Care provide us with the space to run the group and help us promote it.
Glenn Power
Georges River Life Care
23 Stanley St Peakhurst
91536300

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

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?

\$ 5300

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

This group is so important to local families that we will endeavour to run it with volunteers, however securing funds for resources and supplies will be a challenge.

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:

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

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?

Yes No

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

| Year | Council / Clubs | Program | Grant |
|---------|-----------------|-------------------|--------|
| 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 |

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 | \$ |
| Clubs Grant | 5,300 | Facilitation | 2,000 |
| GRLC in kind RENT | 1,800 | Resources, art supplies | 500 |
| | | Admin, promotion | 1,000 |
| | | Rent (in kind) | 1,800 |
| | | Assistant | 1,800 |
| | | | |
| TOTAL INCOME | \$7,100 | TOTAL EXPENDITURE | \$7,100 |

**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: 28/4/2016