

Organisation Details

Name: Autism Community Network
ABN: 64103662535
Non-Profit: Yes

Application Details

Category: Category 1
Application To: LGA: Inner West Council
Submitted: Yes
Created: 26/03/2019
Updated: 21/04/2019

Description

Inner West Autism Yoga Therapy

Application Type

Category 1

Category

Category 1

Amount Requested \$

\$10,600.00

Submitted

Yes

Files

acn_annual_report_2018___1_0.pdf

Summary

Q1 Project Name

Inner West Autism Yoga Therapy

Q2 Brief Project Description (250 words max)

We introduced this program in 2018 and had an amazing reaction to this group. It was well attended and the children and carers alike genuinely learnt whilst having fun. We wish to run this program again because the children in the Inner West responded so well. This group is a specially designed yoga program for children on the autism Spectrum. It is run by a qualified yoga instructor that tailor makes the routine for the members of this group.

Q3 Please provide an outline of your project (500 words max)

In recent times Yoga is increasingly being recognised for its positive benefits for individuals on the Autistic Spectrum. This activity provides the children with social skills, awareness and expression of emotions. It reduces anxiety which in turn shows a reduction in challenging behaviours. Yoga gives participants a positive sense of themselves and increased body awareness, helping to also improve both gross and fine motor skills. Finally it allows the facility for self calming when presented with stressful situations. Having seen the results of our pilot program we want to expand this opportunity to allow more autistic children in the inner west to benefit.

Q4 Which of the following local community priorities below does your project address?

A4 - Aged, Disability or Youth Services

Q5 Who will your program benefit?

People with disabilities

Q6 Approximately how many local resident recipients will your project benefit?

2016 ABS indicates approx 910 people on Autism Spectrum with this LGA

Q7 Approximately how many local resident volunteers will be involved?

1

Q8 Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?

Yes

If not, approximately what percentage will be spent outside the local area?

Q9 What is the proposed commencement date and completion date for the project? Commencement date:

01/07/2019

Completion Date

30/06/2020

Q10 Can your project be broken down for part-funding? If so, how?

If we receive only part of the amount we are seeking we will look at providing it for less terms. This will still provide some support for autistic children in the local area.

Q11 Will your project still be viable if you receive less than the requested amount?

Yes

Q12 Has your organisation received funding from another club in the past 12 months?

Name of Club	How much was received?	When was the funding received?	Purpose of Funding
Petersham RSL	10,800	2018/19	Marrickville Yoga and Taekwondo
Club Central Menai	5,200	2018/19	Menai Kids Club
Engadine Bowling Club	1,400	2018/19	Sutherland School Holiday Kids
Magpies Waitara	1,400	2018/19	Autism Social Families Hornsby
Hornsby RSL	3,025	2018/19	Hornsby Autism Kids Bowling
Club Rivers	7,500	2018/19	Oatley Kids Cooking Club
Penshurst RSL	1,400	2018/19	Autism Social Families Georges River
Dooleys Club Lidcombe	4,060	2018/19	Cumberland Active Kids
Club Condell Park	1,400	2018/19	Canterbury School Holidays Kids
Blacktown Workers Club	1,040	2018/19	Blacktown School Holidays Kids

Does your project have any other sponsors? If so, who and for how much?

No

Q13 Project budget

Income Description	Income Amount	Expenditure Description	Expenditure Amount
Inner City Club Grants	10,600	IK Venue for 32 Sessions for 1 Hr @ \$50 p/hr	\$1,600
ACN In Kind Volunteer	2,400	Instructor x 1 x 1 hr x 36 Sessions x \$306.25	\$9,800
		IK Aide for 32 Sessions for 1 Hrs @ \$25p/Hr	\$800
		Admin 16 hrs @ \$50	\$800

Q14 Please provide your organisations banking details. (If you have an auspice, please provide that organisation's details)

Autism Community Network

Account Name

Autism Community Network

Account Number

10417253

BSB No:

062234

Q15 Note to applicants: only complete this section if you have received funding over the past three years.

Year Received	Amount Received	Purpose of funding	Report Submitted (Y/N)
2018/19	10,800	Marrickville Yoga & Taekwondo	Y
2018/19	5,200	Menai Kids Club	Y
2018/19	1,400	Sutherland Kids Holiday	Y
2018/19	1,400	Autism Social Families Hornsby	Y

2018/19	3,025	Hornsby Autism Kids Bowling	Y
2018/19	7,500	Oatley Kids Cooking Club	Y
2018/19	1,400	Autism Social Families Georges River	Y
2018/19	4,060	Cumberland Active Kids	Y
2018/19	1,400	Canterbury School Holidays Kids	Y
2018/19	1,040	Blacktown School Holiday Kids	Y
