

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: 22/04/2019

Description

Transition to School / Work - Inner West Autism Support

Application Type

Category 1

Category

Category 1

Amount Requested \$

\$1,100.00

Submitted

Yes

Files

ACN ANNUAL REPORT 2018_8.pdf

Summary

Q1 Project Name

Transition to School / Work - Inner West Autism Support

Q2 Brief Project Description (250 words max)

The project will introduce vital information for families struggling to find best options for their autistic child with starting school or post school options for those entering the work force. By providing these two information sessions we will help our community be more inclusive and supportive of vulnerable children and their families.

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

Each year, parents worry about how to find information and advice on the right school options for their autistic child on how to help them transition from school into work or post school life. This can mean moving into mainstream primary school, the great unknown of transitioning to high school for a child who struggles with change, or entering work life or coping with post school options. It is a very stressful time for autism families and they often don't know where to turn.

We wish to engage suitable experts to present during an evening in third term of the school year an information evening on these areas. Parents who have been able to access such events in the past have found them reassuring and important in helping them plan their child's next stage but these events are always run in the community. With over 1,500 families registered with our support organisation throughout Sydney, we understand the needs of our community and try to help provide those services wherever possible.

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?

We have provided a detailed budget below. If we receive less funds this means we will hold a shorter session.

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 recieved?	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	1,100	Venue \$100/hr x 2	200
ACN In Kind Volunteer	100	IK Facilitator 1 Sessions for 2 Hrs @ \$50	100
		Presenters x 2 x 1 Session for 2600 Hrs @ \$150 p/hr	
		Refreshments 1 Sessions for 2 Hrs	200
		Resources	50
		Admin 1 hr @ \$50 p/hr	50

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