

Organisation Details

Name: Autism Community Network

ABN: 64103662535 **Non-Profit:** Yes

Application Details

Category: Category 1

Application To: LGA: Wollongong City Council

Submitted: Yes **Created:** 25/03/2019 **Updated:** 22/04/2019

Description

Wollongong Carers Autism Support Group

Application Type

Category 1
Category 1

Amount Requested \$

\$3,900.00 **Submitted**

Yes

Files

ACN ANNUAL REPORT 2018 13.pdf

Summary

Q1 Project Name

Wollongong Carers Autism Support Group

Q2 Brief Project Description (250 words max)

Provide a support group for parents and carers of children affected by autism. We want to create a relaxed, welcoming environment where they can connect with others who understand them and share information and ideas for mutual support.

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

Parents and carers of children on the autism spectrum often experience isolation as a result of the struggles and behavioural issues of their children. Our carer groups which have been running across 17 Local Government Areas provide valuable support allowing people to connect and to use their combined knowledge and experiences to help each other. With the personal as well as financial stresses of caring for a child who has extra therapy support needs, a groups like this also provides them with the chance to enjoy a meal once a month with like minded people who will never judge and who understand them. We have seen wonderful results over the years of parents who form friendships with others and who have become more involved in their local communities as a result of the groups. Our facilitators are always local parents or carers with a lived experience of autism who themselves started off needing the kind of support they now provide through our groups.

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?

According To ABS there are approximately 1500 people on the Autism Spectrum in the Illawarra

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 would endeavour to provide as much as we can with lesser resources

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	10500	2018/19	Marrickville Yoga and
			Taekwondo
Club Central Menai	5200	2018/19	Menai Kids Club
Engadine Bowling Club	1400	2018/19	Sutherland School Holiday Kids
Magpies Waitara	1400	2018/19	Autism Social Families Hornsby
Hornsby RSL	3025	2018/19	Hornsby Autism Kids Bowling
Club Rivers	7500	2018/19	Oatley Kids Cooking Club
Penshurst RSL	1400	2018/19	Autism Social Families Georges
			River
Dooleys Club Lidcombe	4060	2018/19	Cumberland Active Kids
Club Condell Park	1400	2018/19	Canterbury School Holidays
			Kids
Blacktown Workers Club	1040	2018/19	Blacktown School Holidays Kids

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

Illawarra Leagues club provide us with free venue support for the community

Q13 Project budget

Income Description	Income Amount	Expenditure Description	Expenditure Amount
Wollongong Club Grants	\$3900	In Kind Venue	\$500
In-kind contribution	\$1160	In Kind Facilitator	\$660
		Refreshments 10 sessions x 10	O \$2500
		pax \$25ea	
		Admin	\$500
		Carers Lunch Autism month	\$400
		Promotion materials (flyers,	\$500
		banner, printing)	

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 Inc.

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	10500	Marrickville Yoga and	Υ
		Taekwondo	
2018/19	5200	Menai Kids Club	Υ

2018/19	1400	Sutherland School Holiday Kids Y	
2018/19	1400	Autism Social Families Hornsby Y	
2018/19	3025	Hornsby Autism Kids Bowling Y	
2018/19	7500	Oatley Kids Cooking Club Y	
2018/19	1400	Autism Social Families Georges Y	
		River	
2018/19	4060	Cumberland Active Kids Y	
2018/19	1400	Canterbury School Holidays Y	
		Kids	
2018/19	1040	Blacktown School Holidays Kids Y	