

Parramatta ClubGRANTS Category 1 - 2019

2019 Category 1 - Application Form

Application CG19-117 From Autism Community Network

Instructions to Applicants

If you need more help using this form, download the online 'how to' [Help Guide for Applicants](#) or review the [ClubGRANTS Application Guide](#).

Navigating (moving through) the application form

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to move directly to the page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

Saving your draft application

If you wish to leave a partially completed application, press 'save' and log out. When you log back in and click on the 'My Submissions' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download' button at the bottom of the application navigation panel.

You should ensure you are saving your application frequently. Each time you navigate to a new page, the previous page is saved automatically. However, if you lose power or you lose internet connection for example, you may lose any changes you have made, so save often!

Submitting your application

You will find a **Review and Submit** button at the bottom of the Form Navigation Panel on every page. Once you have reviewed your application you can submit it by clicking on 'Submit' at the top of the screen or on the navigation panel. You will not be able to submit your application until all the compulsory questions are completed.

Once you have submitted your application, no further editing or uploading of support materials is possible.

When you submit your application, you will receive an automated 'confirmation' email with a copy of your submitted application attached. This will be sent to the email address you used to register.

If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.

Attachments and support documents

You may need to upload/submit attachments to support your application. This is very simple, but requires you to have the documents saved on your computer, or on a storage device.

You need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB - the larger the file, the longer the upload time.

If you are not able to upload a document, please contact us for support (see above)

Completing an application in a group/team

A number of people can work on an application using the same log in details as long as only one person is working at a time. Ensure you save as you go.

Spell check

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Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

All questions marked with * are compulsory. You are unable to submit your application unless all compulsory questions have been answered.

Parramatta Local Committee

Getting Support

Contact us on 9806 5110 during business hours or email grants@cityofparramatta.nsw.gov.au and quote your application number.

Applicant Details

* indicates a required field

Organisation

1. Exact Name of Organisation *

Autism Community Network
Exact name of the incorporated organisation.

2. ABN

64 103 662 535

Information from the Australian Business Register	
ABN	64 103 662 535
Entity name	Autism Community Network
ABN status	Active
Entity type	Other Incorporated Entity
Goods & Services Tax (GST)	Yes
DGR Endorsed	Yes (Item 1)
ATO Charity Type	Charity More information
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	2234 NSW
Information retrieved at 1:19pm today	

Postal Address *

P O Box 188
Riverwood NSW 2210 Australia

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Latitude: | Longitude:
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

4. General Email Address * info@autismcommunity.org.au

Status

5. Is your organisation a not-for-profit organisation? * Yes No

6. Is your organisation incorporated? * Yes No

Contact Person(s)

Contact Person 1
Organisation / Program Manager or main voluntary organiser

Contact Person 1 Name * Mr Steve Drakoulis

Contact Person 1 Position/Title * General Manager

Contact Person 1 Email * steve@autismcommunity.org.au

Contact Person 1 Tel * 95439036

Contact Person 1 Fax

Contact Person 2
President / Chairperson, Secretary or Treasurer of Management Committee / Board

Contact Person 2 Name Ms Sharon Fraser

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Contact Person 2 Position/Title Treasurer

Contact Person 2 Email sharon@autismcommunity.org.au

Contact Person 2 Tel 0429 229 896

Contact Person 2 Fax

Financial Statements

Please include (preferably audited) financial statements *

Filename: ACN ANNUAL REPORT 2018.pdf
File size: 9.7 MB
Max 25mb

Insurance Coverage

An appropriate level of insurance is required for any funded project that has the potential to cause harm or loss to those involved.

Do you already have insurance coverage for the type of project you are seeking funds for? *

Yes No

If yes, please upload a copy of your existing Certificate of Currency from your insurance provider. *

Filename: ACN certificate_of_currency_to_may_2019 (1).pdf
File size: 52.0 kB

Project Details

* indicates a required field

Project Overview

Project Name * Parramatta Autism Life Skills Cooking Club

Brief Project Description * Autistic children are taught how to work together to prepare a different recipe each time, along with learning about hygiene, social rules, safety in the kitchen and enjoying their meal together.
no more than 100 words

Project Commencement Date 01/07/2019
Must be a date.
Must be a date between 1/9/2019 and 30/8/2020

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Project Completion Date

30/06/2020

*

Must be a date and between 1/9/2019 and 30/8/2020.
Must be a date

Project Details

Please provide an outline of your project *

Presenting opportunities for children with autism helps to develop their social skills to allow them to engage more with their local community. Equally, their families, who often feel isolated are able to meet others for mutual support, developing social and support networks as they themselves grow more confident to engage with the local community and economy. This program has been running for a few years in the St.George area and has proven the most popular activity we provide to these kids. Each fortnight, the Facilitator chooses a meal recipe plus a simple dessert for the group to prepare. The group of 10 children work together to create their meals and then enjoy having their dinner together. As the group is so popular we give priority to those who missed out the previous session, but there is always a waiting list.

Must be no more than 250 words.

Please list your desired project outcomes *

Initially it was simply identifying the need for children with autism to learn a few basic life skills for self care. We have since seen how popular the program is through the waiting lists to participate. For those children who are capable of living independently in the future this is a vital life skill. For the ones who will still rely on assisted living or full time care it is still a great social experience where they are able to also enjoy being part of something important and even make friends.

How will you assess whether or not these outcomes have been achieved? *

Our Group Leaders provide attendance sheets & photos of the participants. We also ask all attendants how the experience was and if there was any changes from the start of the program to its completion. We would be happy to forward these to you to show the outcomes of this program.

What is the primary Local Government Area in which your project is taking place?

*

Parramatta

Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area you have applied for? *

Yes No

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Community Priority Needs

Which of the following community priority needs listed below does your project address?

Community Welfare and Social Services:

- A1 - family support/emergency or low cost accommodation
- A2 - child protection/child care
- A3 - counselling services
- A4 - aged, disability or youth services
- A5 - victims of natural disasters
- A6 - volunteer emergency services
- A7 - veteran welfare services

Community Development:

- B1 - neighbourhood centre/youth drop in activities
- B2 - community transport services
- B3 - community education programs
- B4 - tenants services
- B5 - state-wide or regional services developing social policies and/or providing advocacy for local communities

Community Health Services:

- C1 - early childhood health/child and family services
- C2 - community nursing/therapy/mental health services
- C3 - drug & alcohol/palliative care/women's health/aboriginal health/dental services
- C4 - home and community care and disability services
- C5 - health promotion initiatives

Employment Assistance Activities:

- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme

Target Group

* indicates a required field

Who will your project benefit? *

- Children (0-14yrs)
- Young people (15-24)
- Women
- Families
- Older people (55+)
- People from non-English speaking backgrounds
- Aboriginal & Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

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How many local residents and volunteers will your project benefit or involve?

Number of Recipients * 20 - 30

Number of Volunteers * 2

Funding Information

* indicates a required field

What is the total amount of funding you are seeking for this application? *

\$7,000.00

Must be a dollar amount and no more than 10000.

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

Yes No

Can your project be broken into smaller sections for part funding? *

Yes No

If so, how? Describe each part: *

The group could potentially run monthly however with a waiting list always in place already many children would miss out.

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

Yes No

Note: Organisations that have not submitted their report / progress forms should not be considered for further funding.

Name of Club	How much was received?	When was the funding received?	Purpose of funding
Petersham RSL	\$10,800.00	2018	Marrickville Yoga & Taekwondo
Club Menai	\$5,200.00	2018	Menai Kids Club
Engadine Bowling Club	\$1,400.00	2018	Sutherland School Holiday Kids
	Total: \$17,400.00		
	Must be a dollar amount		

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Partnerships

* indicates a required field

Are you working with other partners in this project, or have you asked for support from anyone else? *

- Yes
 No

If yes, please explain

Must be no more than 150 words.

Is this program, project or service already assisted by an existing Government funding program? *

- Yes
 No
 Not Known

Other Project Sponsors

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

No

Must be no more than 30 words.

Project Budget

Project Budget

Please complete the following project budget for your proposal

Include an explanation of the basis for each item, for example:

Facilitator Fees @ \$40ph x 2hpw x10 weeks Printing \$300 Rental Contribution 1/5th of total space occupied

Income Description	\$	Expenditure Description	\$
Club Grant	\$6,000.00	Venue Hire \$50 x 2 Hrs x 20 Session	\$2,000.00
In Kind Facilitators	\$3,000.00	Facilitator \$50 x 2 Hrs x 20 Sessions	\$2,000.00
		Aide \$25 x 2 Hrs x 20 Sessions	\$1,000.00
		Equipment \$50 x 20 Sessions	\$1,000.00

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		Resources \$100 x 20 Sessions	\$2,000.00
		Admin In Kind \$50 x 20 Session	\$1,000.00

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$9,000.00 This number/amount is calculated.	\$9,000.00 This number/amount is calculated.	\$0.00 This number/amount is calculated.

Please attach two quotes for each capital item costing \$1,000 or more.

Attach quotes here: *No files have been uploaded*
Max 25mb

Banking Details

* indicates a required field

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

Organisation * Autism Community Networks

Account Name: * Autism Community Network

BSB: * 062234
Must be no more than 6 characters

Account Number: * 10417253

Previous Funding

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	\$10,800.00	Marrickville Yoga & Taekwondo	Yes

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2018/19	\$5,200.00	Menai Kids Club	Yes
2018/19	\$1,400.00	Sutherland Kids Holiday	Yes
2018/19	\$1,400.00	Autism Social Families Hornsby	Yes
2018/19	\$3,025.00	Hornsby Autism Kids Bowling	Yes
	Must be a dollar amount.		

Additional Attachments

Please upload any documents relevant to your application. Documents may be quotes, letters of support for your project or your organisation's annual report.

Add documents

Filename: ACN ANNUAL REPORT 2018.pdf
 File size: 9.7 MB
 Max 25mb

Declaration

* indicates a required field

Conditions, Privacy, Data Use, Consent and Authority

Funding Conditions

If your application for funding is successful you will be required to:

1. Ensure that your organisation does not accept funding or the equivalent in-kind support for the same project from any other source unless joint funding is required for the implementation of the project AND you have informed all funders of all sources of funding for this project.
2. Make an appropriate level of acknowledgement of the funding source for the project.
3. Provide progress reports in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for projects receiving funding or the equivalent in-kind support valued at over \$5,000).
4. Complete a Standard Funding Report Form at the end of the project in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for grants or in-kind support valued at over \$5,000).
5. Enter into a formal contract with the sponsoring Club where an individual grant for ClubGRANTS funding or equivalent in-kind support exceeds \$10,000.
6. Regularly communicate with the funding Club/s and ClubGRANTS Local Convenor regarding the progress of your project, including facilitating any on-site visits that may be requested in order to further the funder's understanding of the project.

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7. Abide by any other conditions that may be placed on the funding of the project (including but not limited to collaboration with other relevant local projects or activities), as stipulated in the Offer of Funding.

Although care is taken to ensure that the information regarding the ClubGRANTS scheme is correct at any given stage of the ClubGRANTS process, the granting organisation cannot guarantee and assumes no legal liability or responsibility for the accuracy, currency or completeness of the information provided.

Privacy Statement

This privacy statement is a requirement of section 10 of the *Privacy and Personal Information Protection Act 1998 (NSW)*.

Some of the information in this application is personal information. This information is required to assess your application for grant funding from registered clubs and to communicate with you about this application and any resulting funding. The information will be used by the ClubGRANTS Local Committee to which you are applying and ClubsNSW staff, and may also be shared with trusted contractors or consultants appointed by them for a particular task, or by persons or entities who may have a legal entitlement to such information or when so directed by a court order. The information will be retained by ClubsNSW and stored on an Our Community (operator of SmartyGrants) server.

Data Use

The Applicant acknowledges and consents to:

1. The information supplied in this application being stored by Our Community (operator of SmartyGrants) and made available to ClubsNSW and the subject ClubGRANTS Local Committee for the purpose of assessing the application and associated administration purposes;
2. The ClubGRANTS Local Committee and/or ClubsNSW referring the contents of this application (as necessary) to external experts and other Clubs or grantmakers for the purpose of assessment, reporting, advice, comment, benchmarking, streamlining, trend analysis, or for discussions regarding alternative or collaborative funding opportunities.
3. The information supplied in this application being used by ClubsNSW, in isolation or in aggregate, for any purpose, including:
 1. To quantify the social contribution made by Clubs in the making of grants; and
 2. To advocate on behalf of the Clubs industry.

NOTE: ClubsNSW and ClubGRANTS Local Committees will not publicly disclose any personal information (such as contact details). Such information may, however, be shared with trusted parties for the purposes as described above.

Declaration & Consent

The Applicant:

- Declares that the information provided in this application form is true and correct.
- Undertakes to notify the subject ClubGRANTS Committee of any changes to this information and any circumstances that may affect this application.
- Acknowledges that this is an application only and may not necessarily result in funding approval.
- Acknowledges and consents to the Funding Conditions, Privacy Statement and Data Use provisions described above.
- Declares that he/she is authorised by the applicant organisation to submit this application and agree to the terms and conditions described above.

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I have read and agree to the above: *

- Yes, I have read and agree
- No, I do not agree

Authorised Person: *

Mr Steve Drakoulis

Position: *

General Manager