



APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: <u>Autism Community Network</u>			
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	<input type="checkbox"/>		
- A co-operative	<input type="checkbox"/>		
- An incorporated association	<input checked="" type="checkbox"/>		
- An unincorporated association	<input type="checkbox"/>		
- Other – please detail below:	<input type="checkbox"/>		
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Primary Contact Details:			
Title: Mr Name: Steve Drakoulis <small>e.g. Mr/Mrs/Ms</small>			
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 <small>e.g. Mr/Mrs/Ms</small>			
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: COOKING UP LIFE SKILLS

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 program allows us to bring children with autism spectrum disorders together in an inclusive, supportive environment to help them develop key social and life skills. We support 125 families in the St.George region, with 69 within the Hurstville council area.

The children are taught about taking turns, working with others, social interaction, as well as hygiene and preparing simple recipes.

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.

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

X A4 - aged, disability or youth services

Q5. Who will your program benefit?

X Children (0-14 years)

X Young People (15-24 years)

X Families

X People from non-English speaking backgrounds

X People with disabilities

Q6. How many local residents will your project benefit?

Recipients: 69 within the Hurstville council area

Volunteers: 2

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 June 30 2017

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

Our goal is to continue the program in some format in the longer term.

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?)

While we always look for volunteers to help us run projects in the community, this program cannot run without funding to buy supplies and resources for each session. Those who will have participated will come away with new skills and greater confidence but we will only be able to continue after that if we receive funds from local community

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:

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

Yes No Not known

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):

Q16. What is the total amount of ClubGRANTS funding you are seeking for this application?

\$ 6300

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

We could run it once a month instead. It reduces the frequency of contact between the children, which lessens the benefits we aim for, but there is still great benefit in running it.

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)?

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?

No

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
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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	\$
Hurstville Clubs Grant	5500	20 sessions x 1 facilitator @\$30/hr x 2hrs	\$1200
ACNN in kind volunteer	800	20 sessions x 1 aide @\$20/hr x 2hrs	\$800
		20 sessions x recipe supplies @\$100 each session	\$2000
		supervision / administration/promotion 20 sessions x \$50	\$1000
		equipment	\$500
		20 sessions x 1 volunteer @\$20/hr x 2hrs	\$800
TOTAL INCOME	\$6300	TOTAL EXPENDITURE	\$6300

**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