

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

Application 00003 from Claudia Stevens

Instructions to Applicants

2014 - Category 1

Manly-Warringah Rugby League Club via Warringah Local Committee

Getting Support

Contact us on 9939 6722 during business hours or email seaeagles@manlyleagueclub.com.au and quote your application number.

Navigating (moving through) the application form

On the right hand side of every screen, there is a box which links directly to every page of the application. Click on any page to jump directly to that page. 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 and returning later

You can press 'save' at any point and log out. When you log back in and click on the 'My Applications' link at top of screen, you will find a listing of any applications you have started or submitted. Your draft application will be saved and you can start where you left off. Once you have created your application you can download it as a PDF by clicking on the download button at the bottom of the application navigation panel.

Submitting your application

You will find a Review button at the bottom of the Navigation Panel. You need to review your application before you can submit it. Once you have reviewed your application you can submit it by clicking on 'Submit' at top of 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 successful confirmation email with a copy of your submitted application attached. This will be sent to the email you used to register. ***If you do not receive a confirmation of submission email then your submission has NOT been received.***

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, on a zip drive, or similar. Please remember 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. If it is above 5MB be aware this may take longer to upload.

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.

Manly-Warringah Rugby League Club Cat 1 2015

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

Applicant Details

Organisation

Exact Name of Organisation* Autism Community Network
Exact name of the incorporated organisation.

ABN 64 103 662 535

Information from the Australian Business Register	
ABN	64 103 662 535
Organisation Name	Autism Community Network
Status	Active
Type of Organisation	Other Incorporated Entity
Registered for GST	Yes
DGR Endorsed	Yes
ATO Charity Type	Charitable Institution More information
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Registered Address	2210 NSW
<i>Information current as at 12:00am yesterday</i>	

Postal Address* PO Box 188
Riverwood NSW 2210

General Email Address* info@autismcommunity.org.au

Status

Is your organisation a non-profit organisation?* Yes

Is your organisation incorporated?* Yes

If yes, please indicate which form of incorporation Incorporated Association

Contact Person(s)

Contact Person 1

Organisation / Program Manager or main voluntary organiser

Contact Person 1 Name* Mrs Claudia Walters

Contact Person 1 Position/Title* Strategic Manager

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

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

Application 00003 from Claudia Stevens

Contact Person 1 Tel* 0420 669 281

Contact Person 1 Fax

Contact Person 2 (optional)

President / Chairperson, Secretary or Treasurer of Management Committee / Board

Contact Person 2 Name Mr Warren Thompson

Contact Person 2 Position/Title President

Contact Person 2 Email warren@autismcommunity.org.au

Contact Person 2 Tel 0410 850 508

Contact Person 2 Fax

Project Overview

Project Name* Arts About Autism

Please provide a short outline of your project* Arts About Autism is a creative art and social skills development program for children with Autism Spectrum Disorder and their siblings . It offers a fortnightly program of semi-structured activities during school terms where children aged 3-17 years can engage in creative play. It also offers parents/carers regular respite where they can meet with others to break down social isolation.

Word Limit: 100

Project Sponsors (if applicable)

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

Local Government Area A-B

Local Government Area C

Local Government Area D-K

Local Government Area L-M

Local Government Area N-P

Local Government Area Q-V

Local Government Area W-Y Warringah

Community Priority Needs

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

Community Welfare and Social Services: A4 - aged, disability or youth services

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

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Community Development

Community Health Services

Employment Assistance

Activities

Target Group

Who will your project benefit?*
Children (0-14yrs)
Young people (15-24)
Families
People with disabilities

How many local residents will your project benefit?

Recipients* 60

Volunteers* 2

If you expect indirect beneficiaries, who might they be?
Schools attended by the children participating in the program. Communities in which the children live.

What impact do you hope to have on your identified local community priority needs? *
Children and young people with ASD will learn to self-regulate using art, build social skills and make friends. Their siblings and parents/carers will benefit by reducing social isolation and making friends with others that understand their circumstances. These connections will help the whole family build a network of support that will last beyond the time of the project.

Word Limit: 300. Note: You will need to evaluate and report on your project against these outcomes.

How will you know that you have made a difference (and measure your outcomes)?*
Attendance at sessions.
Feedback from children and young people, their parents/carers and the facilitator regarding issues, strategies, behaviour change and social connectedness.

Project Schedule and Sustainability

What is the proposed commencement date and completion date for the project?

You may use this section to begin to plan the activities for your project into a timeline – in which case please add an additional page.

Start* 01/07/2015

Finish* 30/06/2016

Does the project need to be followed up after completion? How?
No. The project is stand alone.

What are your plans to ensure that the benefits of the project will be sustained?
This pilot program will enable us to show the demand for such service in the Northern Beaches area. We will seek government funding to enable us to incorporate this service into our core offering. Participants will also be asked for their ideas as to other programs which will allow them to continue to build on the skills and relationships developed in the program.

That is, continue after the project has finished and there is no more funding available? Word limit 300 words. Mandatory for Social Enterprise applicants

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

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Partnerships

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

Yes

If yes, please provide contact details

Warringah Council
Facilities Management
Alison on 9913-3231
Art room in Cromer currently available 4-6pm Mon-Thu

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

No

If yes, who? Have you spoken to them about collaboration / ensuring non-duplication of services?

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

No

If yes, please give details and tell us who you have spoken to about collaboration or ensuring non-duplication of services

Funding Sources

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

\$4,920

Please note, while there is no limitation on project size, "value for money" considerations and the fact that most clubs cannot fund large projects, mean that additional justification is recommended for large projects.

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

Yes

If so, how?

We could provide fewer sessions.

Have you applied, or do you intend to apply directly, to any other registered club or funding body for this project?*

No

If yes, please identify

See signed declaration at the end of the application form.

Will ALL the ClubGRANTS funding you have requested

No

Manly-Warringah Rugby League Club Cat 1 2015

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be spent within the Local Government Area you have applied for

If No, approximately what proportion will be spent outside the local area? 20%

Budget

Has your organisation received funding from the ClubGRANTS (formerly CDSE) program before?* Yes

If yes, please provide details for the past 2 years (when, what for, and how much), and indicate when you sent in your most recent Standard Funding Report Form?

2013/14 - Sutherland Clubs \$4,515 for support group; Hurstville \$4,808 for drama club; Kogarah \$3,000 for drama club; City of Sydney \$2,000 for music club.

2014/15 - Bankstown Clubs \$4,866 for art club ; Randwick Clubs \$3,744 for support group

Please complete the following project budget for your proposal, including funding from this and any other funding sources.

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

Budget*

Income Description	\$	Expenditure Description	\$
Clubs grant	\$4,920.00	Facilitator 20 sessions x 3hrs/session x \$30/hr	\$1,800.00
	\$	Volunteer 20 sessions x 2hrs x \$20	\$800.00
	\$	Art supplies \$25/session	\$500.00
	\$	Equipment	\$400.00
	\$	Supervision/promotion 3hrs x \$50 x 4 terms	\$600.00
	\$	Administration (contribution to audit, insurance, phone, rent)	\$400.00
	\$	Venue 20 sessions x 2hrs x \$10.50/hr	\$420.00
	\$4,920.00		\$4,920.00

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

Attach quotes here: *No files have been uploaded*

Banking Details

The Club may wish to provide Autism Community Network

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

Application 00003 from Claudia Stevens

applicants with a cheque,
please advise as to who the
cheque should be made out
to for this purpose?*

Please provide either:

- a) Your organisation's bank details, or
- b) Your auspice's bank details, if your application is being auspicied.

Account Name	Autism Community Network
BSB	062234
Account Number	10417253

Documentation

Please attach your latest
annual report

- [ACN Annual Report 2014 \(small\).pdf](#) 767.8 kB

Please include an audited
financial statement

- [Autism Community Network Inc 2014 Audit Report.pdf](#) 177.6 kB

Please attach letters of
support here

No files have been uploaded

Declaration

Funding Conditions

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

1. Ensure that your organisation does not accept funding 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 a Standard Funding Return Form (including Statutory Declaration) detailing the application of the funds (or providing a progress report, whichever is relevant at that time) – for projects up to \$5,000.
4. Complete a Clubs Grant Project Return Form at the end of the project (for projects over \$5,000). Provide an audited financial statement for such projects over \$20,000 (one copy only or electronic copy emailed or linked). Providing a progress report using the same form by the end of January after funding is received.
5. Where an individual grant for ClubGrants funding exceeds \$10,000, the recipient organisation must enter into a formal contract with the sponsoring Club.
6. Facilitate communication regarding the progress of your project with the Funding Club(s) and the scheme's coordinator, including any on-site visits that may be requested in order to further understanding of the project and relationships in the program
7. Abide by any other conditions which may be placed on the funding of the project (such as collaboration with other relevant local projects or activities)
8. The granting organisation accept no liability for any errors that may arise in implementing the ClubGrants Scheme. Although care is taken to ensure that the information is correct at any given stage of the ClubGrants process, granting organisation cannot guarantee and assumes no legal liability or responsibility for the accuracy, currency or completeness of the information.

Manly-Warringah Rugby League Club Cat 1 2015

Category 1 2015

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Declaration, Authority and Consent

The Applicant declares that the Application Information is true and correct. The Applicant will notify the Club of any changes to this information and any circumstances that may affect this application.

The Applicant authorises and consents to the Club:

1. referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant 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 the ClubsNSW Purpose.

"**Application Information**" means all information and data (including email and personal information) provided, generated, transmitted or displayed on or via the SmartyGrants Online Grants Management System by the Applicant.

"**ClubsNSW Purpose**" means:

- (a) to quantify the social contribution made by Clubs by the making of grants; and
- (b) to use, disclose and publish the Application Information which it collects and aggregates from Clubs to act 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 by the Applicant to submitting this application and agreeing to the Declaration, Authority and Consent.

I have read and agree to the above:* Yes, I have read and agree

Authorised Person* Mrs Claudia Walters

Position* Strategic Manager

Date*