



Submission Reference:  
**PGCYWQG**

## National Disability Conference Initiative

### Application Information

The National Disability Conference Initiative provides funding of up to \$10,000 for disability-related conferences with a national focus planned for the 2018-19 year to:

- assist people with disability with the costs of attending conferences, (for example, conference fees, accommodation, travel for domestic participants); and/or
- assist family members or carers providing support to a person with disability attending a conference (for example with costs associated with conference fees, accommodation, travel for domestic participants); and/or
- facilitate access so that people with disability can participate in conferences (for example, by funding accessible materials, Auslan interpreters, assistive computer devices or software, aids or appliances or other costs of ensuring venue accessibility).

Disability-related conferences are considered to be conferences for which at least half of the schedule focuses on people with disability and issues that affect the lifetime wellbeing and social participation of people with disability.

A 'nationally-focused' conference is considered to be a conference:

- (1) for which the majority of the conference schedule focuses on national (rather than state, local or regional) issues;
- and
- (2) which is open to participants from across Australia (rather than being restricted to participants in a particular state or territory)

### Community Grants Hub

Please note that all references to the '**Community Grants Hub**' throughout this Application Form refer to the Community Grants Hub (supported by the Australian Government Department of Social Services).

### Closing Date/Time

Applications must be submitted by **2:00pm** Canberra local time on **Tuesday 20 March 2018** .

### Making Sure Your Application is Saved

The 'Continue' button will not save your Application. For your Application to be saved, you will need to click on:

- 'Save and Exit', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Exit' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Application Pack

Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the Community Grants Hub ([website](#)). Applications will be assessed using the process outlined in the Program Guidelines.

## Application Help

Information about the Application process is available on the [Community Grants Hub](#) website.

Applicants must submit any questions relating to the Program or this Application process in writing to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au). Applicants may submit these questions up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone **1800020283**
- Email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au)

## Attachment Limits

This Application Form has been set up to allow users to attach files within the form. The maximum size allowable for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. In some areas of the form there are limits to the numbers of attachments being entered in a particular section.

Please read individual question instructions carefully to be informed of these limits. The total size of all of the attachments combined in the form will not be allowed to exceed 15MB. Please plan to modify your attachment files accordingly if necessary.

## Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the form and all information will not be transferred in submission.

If you wish to share this form and the access details, please ensure that only one user at a time is accessing and saving information. I.e. one person needs to be completed their updates and have saved and exited the form prior to another starting on their updates in the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

**Note:** Applications will be assessed using the process outlined in the Application Pack and Program Guidelines. The Department will notify all Applicants of the grant funding outcome on completion of the assessment process.

## National Relay Service (NRS)

Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

## Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on [www.business.gov.au](http://www.business.gov.au).

If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

For more information about how the Department of Industry, Innovation and Science protects your privacy and personal information, please see the Department of Industry, Innovation and Science's [Privacy Policy External Site](#). The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the individual Department [Privacy Policy](#) should also be read and understood.

## Use of Information

---

The National Disability Conference Initiative provides funding of up to \$10,000 for disability-related conferences with a national focus planned for the 2018-19 year to:

- assist people with disability with the costs of attending conferences, (for example, conference fees, accommodation, travel for domestic participants); and/or
- assist family members or carers providing support to a person with disability attending a conference (for example with costs associated with conference fees, accommodation, travel for domestic participants); and/or
- facilitate access so that people with disability can participate in conferences (for example, by funding accessible materials, Auslan interpreters, assistive computer devices or software, aids or appliances or other costs of ensuring venue accessibility).

Disability-related conferences are considered to be conferences for which at least half of the schedule focuses on people with disability and issues that affect the lifetime wellbeing and social participation of people with disability.

A 'nationally-focused' conference is considered to be a conference:

- (1) for which the majority of the conference schedule focuses on national (rather than state, local or regional) issues;
- and
- (2) which is open to participants from across Australia (rather than being restricted to participants in a particular state or territory)

Your Submission Reference is:

**PGCYWQG**

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

**Please 'Send yourself a reminder email' below. This email details the date and time your form will be deleted, the Submission Reference number, a link to access your saved form and information on how to contact us for further assistance.**

Your email address \*

steve@autismcommunity.org.au

## Use of Information

Department of Social Services may use the information, other than personal information, provided in this Application Form to assist Department of Social Services to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the Department of Social Services website,
- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and/or
- inform future assessments for Applications.

You can only apply if you agree to Department of Social Services using the information (not personal information) you provide in this form for the purposes listed above.

Check this box if you agree to the Department of Social Services using the information (not personal information) you provide in this Application Form.

I agree \*

## Existing Grant Recipient

Is the Applicant an existing Grant Recipient? \*

You must respond to this question.

Select 'No' if the Applicant is not an existing Department of Social Services Grant Recipient.

Select 'Yes' if the Applicant is an existing Department of Social Services Grant Recipient. If yes is selected you then must enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the Department of Social Services Grant Agreement. After entering the organisation ID, click on the 'Search' button to validate the ID to bring back key organisation details for this Application. Should there be any issues with validation, a message will be returned to give a choice on actions to progress. If you require assistance, please call 1800020283.

Yes  No

## Applicant Details

Does the applicant have an Australian Business Number (ABN), Australian Company Number (ACN) or Australian Registered Body Number (ARBN)? \*

You must respond to this question. For further details refer to <http://www.abr.business.gov.au/>.

Yes  No

**If Yes, provide the Applicant's ABN and ABN Branch Number (if applicable)**

Enter your ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

Australian Business Number (ABN) \*

64103662535

**Enter the ABN Branch Number relevant to the Applicant's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

Enter your ACN into the Australian Company Number (ACN) field and click the Validate ACN button to retrieve your registration details.

Australian Company Number (ACN)

Legal/registered entity name \*

Autism Community Network

If you have Trading/Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "trading name/business name" field. If "Other" is selected, you will be asked to provide the Applicant's trading/business name in another field that will become available.

Business name of the Applicant \*

Same as Legal Entity

Date of registration of ABN

14 Sep 2011

Australian Business Register (ABR) provided Entity Type

Other Incorporated Entity

State

NSW

Postcode

2234

GST Registered - Checkbox is ticked if the Applicant is GST Registered.

Registered as Charity - Checkbox is ticked if the Applicant is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

## What is the registered business address and main contact details of the Applicant?

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

**Address Validated**



Main Telephone \*

Main email address \*

Web address

## What is the postal address of the Applicant?

What is the postal address of the Applicant? The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601 Note: the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Same as business address above

Floor / Building; Unit; Apartment

Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of Department of Social Services payment advice should the Application be successful?

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

Financial email address \*

treasurer@autismcommunity.org.au

## Does the Applicant operate as not-for-profit? \*

For eligibility requirements, refer to the Program Guidelines Overview.

For further details about not-for-profit organisations refer to the [Australian Tax Office website](#).

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

Yes

No

## Eligibility Requirements

---

### What is the Applicant's legal entity type? \*

For a list of eligible legal entity types, refer to the Program Guidelines Overview.

If you are unsure about the Applicant's legal entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

What is the Applicant's legal entity type?

You must respond to this question. Choose the legal entity type that is relevant to the Applicant from the list.

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

If you are unsure about the Applicant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to <http://www.abr.business.gov.au/> for further information.

Incorporated Association

### Is the Applicant able to provide documentation to support the legal entity type? \*

You must respond to this question. At least one attachment must be provided if the response to "Does the Applicant have an Australian Business Number (ABN)?" was 'No'.

Select 'No' if the Applicant is not able to provide documentation to support the legal entity type.

Select 'Yes' if the Applicant is able to provide documentation to support the legal entity type. If 'Yes' is selected, click the 'Click to Upload' button to add the file in each attachment section and then click the 'Add Attachment' button to add sections for subsequent attachments. Note: the maximum size permitted per attachment file is 2mb and the overall form has the capacity to take 15MB of attachments in total. Once a file has been uploaded or an attachment section has been added, select the appropriate 'X' symbol button to delete.

Yes

No

**List of attachments (Note: Attach any relevant documentation. Mandatory to provide at least one document where it has been indicated that the Applicant is able to provide documentation to support their legal entity type.)**

**Attachment 1 \***

File: ACN CERTIFICATE INCORPORATION.pdf

**Attachment 2 \***

File: ACN DGR.jpg

**What is the name of the conference?\***

Autism In Education Conference

Since the last conference in 2016, there has been much discussion about the education of students on the spectrum amongst parents, educators, researchers, health professionals, politicians and the Australian media.

This conference aims to help achieve this goal and shape successful futures for all students on the spectrum, by looking at the latest research, evidence-informed practice and listening to voices of our young people on the spectrum.

We will see this reflected across all four conference streams: capabilities, working together, innovation and approaches for learning, with a focus on utilising the strengths and interests of students to improve quality of life and post-school outcomes.

*(Limit: approx 300 words, 2000 characters)*

Characters entered:

**When is the conference?\***

30-31 August 2018

*(Limit: approx 300 words, 2000 characters)*

Characters entered:

**Where is the conference to be held?\***

The 2018 Aspect Autism in Education Conference to be held at Royal International Convention Centre, Brisbane

*(Limit: approx 300 words, 2000 characters)*

Characters entered:



## Who is proposed to attend the conference?\*

We would like to have three of our key staff attend the conference.  
General Manager Steve Drakoulis, who deals with both families and government in the promotion of autism support needs. Steve is also a parent of a child on the spectrum and a NSW Carers Representative via Carers NSW.  
Treasurer Sharon Fraser who is a Support group facilitator in Sydney's Inner West and a mother to a child with autism  
Director Jane Tzakos, who is a high school Deputy Principal and holds a post-graduate certificate in Inclusive Education in Autism. Jane also has a son with autism.

(Limit: approx 300 words, 2000 characters)

Characters entered: 568

## Financial Viability and Governance

### Do any of the following legal situations apply to the Applicant?

#### Has the Applicant been involved in any litigation or prosecution in the past three years? \*

You must respond to this question.

Select 'No' if the Applicant has not been involved in any litigation or prosecution in the past three years.

Select 'Yes' if the Applicant has been involved in any litigation or prosecution in the last three years. If 'Yes' is selected, you must then provide details and/or explanation of why the litigation or prosecution should not be considered relevant to the Application in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. Department of Social Services may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes

No

#### Has any senior official or person directly involved in delivering the Activity (should the Application be successful) been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application? \*

You must respond to this question.

Select 'No' if no senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application.

Select 'Yes' if any senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application. If 'Yes' is selected, you must then provide the details of any senior official or person directly involved in delivering the Activity and details of the litigation or prosecution in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. Department of Social Services may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes

No

#### Has there been any significant financial matter which may impact on the Applicant in the performance of the Activity? \*

You must respond to this question.

Select 'No' if there has not been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Select 'Yes' if there has been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes  No

## Are there any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity? \*

You must respond to this question.

Select 'No' if there are not any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Select 'Yes' if there are any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes  No

## Is the Applicant able to provide the following financial information?

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following financial information is Mandatory.

- Two most recent sets of year-end audited financial statements.
- Current year-to-date management financial information, for example, income and expenditure statement and balance sheet.
- The Applicant's financial statements fully compliant with the Australian Accounting Standards.

If 'No' is selected for any of these sub questions, you must then provide a brief explanation for the 'No' response in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

Note: you may be required to provide documentation upon request.

- |  |                                      |                          |
|--|--------------------------------------|--------------------------|
| 1. Two most recent sets of year-end financial statements. *  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2. Current year-to-date management financial information, for example, income and expenditure statement and balance sheet. * | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3. Are the Applicant's financial statements fully compliant with the Australian Accounting Standards? *                      | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

## Does the Applicant have the following documents?

Note: you may be required to provide documentation upon request.

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following documents is Mandatory.

- Documented organisational and financial policies and procedures.
- Business plan and/or strategic plan.
- Risk management plan.

Note: You may be required to provide copies of the above documentation within 7 days upon request.

- |   |                                      |                          |
|---|--------------------------------------|--------------------------|
| 1. Documented organisational & financial policies & procedures. * | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2. Business plan and/or strategic plan. *                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3. Risk management plan. *  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

## Activity Details

Provide a short title of your Application for this Activity. \*

You must respond to this question. 250 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Bringing Better Educational Options for Autistic children

Provide a brief description of your Application for this Activity. \*

You must respond to this question. 1000 character limit (approximately 150 words). The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Our mission is to provide information for families impacted by autism to access greater support. We share information sourced from a wide range of relevant services daily to help them better advocate for their children's needs. In 2017, 4 members of our team attended the Asia Pacific Autism Conference in Sydney. We were able to attend presentations on a wide range of topics, and shared that new knowledge with our families (over 1,200). This was achieved through our support groups, website and regular posts. As a small organisation, we managed to cover two tickets to this local event, while the other representatives paid their own fees. If we can attend this event, we will be able to disseminate a wealth of up to date information with all the families in our care, helping them to better navigate the education system which can be a very difficult time in their children's lives.

(Limit: approx 150 words, 1,000 characters)

Characters entered:

In which coverage area/s is the Applicant proposing to deliver the Activity?

## IMPORTANT:

- If applicable and your form has more than **40** coverage areas available for selection, note that Applicants can only select up to **40** coverage areas per Application form due to the large amount of data required for a detailed response.
- If you wish to apply for more than **40** coverage areas, a separate form/s will need to be completed. If you wish to reuse data from your first form submission for this purpose, upon submission of your first form immediately open a new copied form off the submission page using the '**Start and new form prefilled with the same data**' link. This will open the same form data with only the coverage area and attachment information removed. You must open and save this form immediately as the previously submitted data will not be captured in any new form if not done this way.
- If the '**Start and new form prefilled with the same data**' option is not done at the time of the initial form submission then a new Application form will need to be completed for all information, as well as the extra coverage areas.

## Instructions:

- The Coverage type field below indicates the areas used in this Application form.
- If applicable, select a State to refine the available coverage area values.
- A list of values will appear in the Available coverage area/s for selection. Choose the appropriate value/s and click Add to insert the highlighted value/s into the Chosen coverage area/s. Repeat the process as required.

## Tips:

- Enter text in the 'Search list...' to search for the specific area or to reduce the list of available areas.
- To choose multiple values to add at one time, use Shift+Left-Click to select a group of values, or use
- Ctrl+Left-Click to select a range of alternating values, and then click Add.
- To delete from the 'Chosen coverage area/s', choose the value in the right list box and click the Delete button.
- For further details of the available coverage area/s refer to the [Community Grants Hub](#) website

## Coverage Areas

Australia

## Does the Applicant plan to deliver the Activity as part of, or as the lead agency of, a consortium or use subcontractors? \*

Does the Applicant plan to deliver services as part of, or as the lead agency, of a consortium or use subcontractors?

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement or use subcontractors.

If yes, you will be required to provide the details of each consortium member/subcontractor details. Up to 10 consortium members/subcontractors can be included in the Application Form by clicking the add button at the end of this question.

Yes

No

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement.

**If the Application is successful, the Applicant will be offered a Grant Agreement with Department of Social Services as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement with Department of Social Services. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Area Financials

Provide a breakdown of the proposed grant funding by the chosen coverage type/s. \*

Provide a breakdown of the proposed Department of Social Services grant funding by the chosen coverage type/s.

You must complete a separate row for each chosen coverage area.

Please note that you must complete the "In which coverage types is the Applicant proposing to deliver the Activity?" question before you can commence this question.

	Amount(\$ exc GST)	Total funding	Approx.% of Total
<b>Financial year</b>	<b>2018-2019</b>		
<b>Australia</b>	\$4,325.00	\$4,325.00	100
<b>Total funding</b>	<b>\$4,325.00</b>	<b>\$4,325.00</b>	

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)? \*

Does the Activity rely on any contributions other than those requested in this Application? Include any other Applications for funding that you have submitted in relation to this Activity and indicate that these are pending the outcome of an Application. Mandatory.

If Yes, you will be required to provide the details of the other funding submissions. Up to 10 records can be included in the Application Form by clicking the add button at the end of this question.

Yes  No

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant’s nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant’s nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant’s nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number \*

062-234

Account number \*

10417253

Account name \*

Autism Community Network Inc.

# Selection Criteria

---

SC1 - Demonstrate your understanding of the need for the funded activity (assistance for people with disability to participate in your 2018-19 national disability-related conference) In providing a response to this criterion you must include:

- how the conference is disability related;
- how the conference has a national focus; and
- the specific ways the grant funds will be used to assist people with disability to participate in the conference (for example travel for domestic participants, accommodation, live captioning, accessible materials, etc. and how this represents value for money).\*

This conference is Education in Autism; providing information and discussions on issues and developments which affect the lives of students with autism spectrum disorders.  
<http://autismineducation.org.au/>  
this is a national conference with specialist speakers from around the country.  
The grant will enable our team of three representatives to attend it and bring back valuable new material to share with a network of families, most of whom have school aged children on the autism spectrum.  
The grant will cover entry to the two-day event, travel and accommodation.  
Our breakdown is as follows:  
Return flights x 3 = \$1050, Accommodation x 3 = \$1200, Conference fees x 3 = \$2490, Transport \$80 Total = \$4325.

(Limit: approx 900 words, 6000 characters)

Characters entered: 711

SC2 - Demonstrate your organisation's capacity and your staff capability (experience and qualifications) to deliver the Disability and Carer Support Activity objects for people with disability

In providing a response to this criterion you must include:

- your organisation's capacity and capability to administer the grant; and
- the relevant experience and skills of the members of your organisation in delivering the project.\*

Our organisation has been operating since 2011, and in that time we have developed a network of over 1,200 families from all over Sydney and parts of rural NSW. We administer multiple grant funded programs throughout the community each year and acquit them on completion to every funding body.  
Our Founder and General Manager holds an Advanced Diploma in Management and a Diploma in Community Services Work. He has been recognised for his work supporting families with autism, multiple times. He speaks regularly at autism and other events, as well as presenting at carer support groups to share information and resources.  
Also on the attendees list is Jane Tzakos. Jane holds a post-graduate certificate in Inclusive Education in Autism and is a high school Deputy Principal. Her experience and position make her ideally suited to benefit from this event.  
Sharon Fraser is the coordinator of our Inner West support programs and runs a support group for carers. She is also the Treasurer of our organisation. Like Jane, she is a Director and unpaid for her work with us.  
All three are also parents of children with autism.

(Limit: approx 900 words, 6000 characters)

Characters entered: 1123

## SC3 - Demonstrate how grant funding will be used to provide value for money.\*

The grant will allow three experienced presenters to impart a wealth of information to over 1,200 families impacted by autism, who are currently registered with our network. In addition, the information will be posted onto our website for all other parents of school aged children to access now and in the future. Our founder regularly speaks at events, and has also presented at schools. This level of information will enable us to develop a presentation for teachers, to help them better understand the issues our families deal with and impart valuable tips and resources to help them support their students on the autism spectrum. As with all such events, we will also have the opportunity to meet and connect with other professionals from around the country, to grow our ability to support families further.

(Limit: approx 900 words, 6000 characters)

Characters entered:

## Applicant Contacts

---

### Who is the Applicant's preferred authorised contact person for this Application?

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First name \*

Last name \*

Position \*

Telephone \*

Mobile

Email address \*

### Provide an alternate authorised contact for this Application. \*

Provide an alternate authorised contact for this Application. Mandatory.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First name \*

Sharon

Last name \*

Fraser

Position \*

Treasurer

Telephone \*

0295439036

Mobile

0429229896

Email address \*

treasurer@autismcommunity.org.au

## Applicant Referees

---

Provide the name and contact details of two referees who can support the Applicant's claims made against the selection criteria as outlined in this Application.

### Referee One

Title \*

Mr

First name \*

Terry

Last name \*

Lynch

Position \*

President

Organisation \*

Autism Community Network

Relationship \*

Our President

Telephone \*

0295439036

Mobile

0457941700

Email address \*

david.coleman.mp@aph.gov.au

### Referee Two

Title \*

Dr



First name \*

Wallace

Last name \*

Bridge

Position \*

Other

Position title \*

Director Biotechnology program

Organisation \*

University NSW

Relationship \*

Supporter

Telephone \*

0425218721

Mobile

Email address \*

wj.bridge@unsw.edu.au

## Declaration

Please read and complete the following declaration.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Program Guidelines overview.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application is successful.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application.
- I give consent to the **Department of Social Services** to make public the details of the Applicant and the funding received, should this Application be successful.

Describe any conflicts of interest that may occur from submitting this Application.

nil

(Limit: approx 300 words, 2,000 characters)

Characters entered:

I understand and agree to the declaration above. \*

I acknowledge that giving false or misleading information to the Department is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Steve Drakoulis

Position of Authorised Officer \*

General Manager

Date

20 Mar 2018

Please provide an estimate of the time taken to complete this Application Form, including:

- actual time spent reading the guidelines, instructions and questions;
- time spent by all employees in collecting and providing the information and;
- time spent completing all questions in the Application Form.

Hours	Minutes
12	0