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**APPLICATION FORM - CATEGORY 1 FUNDING**

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| **Name of Organisation Applying for Funding: Autism Community Network****ABN: \_\_\_\_\_\_\_\_\_\_\_\_\_** 64 103 662 535**Council Area: Hurstville****Is your organisation a non-profit organisation? X Yes 🞎 No****Is your organisation incorporated? X Yes 🞎 No****If yes, please indicate which form of incorporation below:** * **A company limited by guarantee 🞎**
* **A co-operative 🞎**
* **An incorporated association X**
* **An unincorporated association 🞎**
* **Other – please detail below:** 🞎

**Primary Contact Details:**Title: Mrs Name: Claudia Walters e.g. Mr/Mrs/MsPostal Address: PO Box 188Suburb: Riverwood State: NSW Post code:  **2210**Phone: 0420669281 FAX:Email: claudia@autismcommunity.org.au**Secondary Contact Person Details:**Title: Mr Name: Warren Thompson e.g. Mr/Mrs/MsPhone: 0410950508 FAX:Email: warren@autismcommunity.org.au |

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| **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 convenor or council before applying. Also read the latest ClubGRANTS guidelines, available from** [**www.clubsnsw.com.au**](http://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: \_\_\_\_\_\_\_\_Fit and Friendly St George \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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).**

**"Fit and Friendly St George" will see children and young people with Autism Spectrum Disorders and their siblings gain access to a weekly program during school terms to improve fitness and social skills. It will also enable parents and carers the opportunity for some respite and to break down social isolation by sharing their experiences.**

**Autism is a lifelong developmental disability with deficits in communication, socialisation and behaviour.**

**We already support 230 families with autism in St George, 98 of which live in Hurstville LGA. According to ABS data, the area is home to over 1,080 people with autism.**

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

**X A1 - family support/emergency or low cost accommodation**

**🞎 A2 - child protection/child care**

**🞎 A3 - counselling services**

**X A4 - aged, disability or youth services**

**🞎 A5 - victims of natural disasters**

**🞎 A6 - volunteer emergency services**

**🞎 A7 - veteran welfare services**

**🞎 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**

**🞎 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**

**🞎 D1 - employment placement/advocacy services**

**🞎 D2 - group training companies**

**🞎 D3 - community enterprises**

**🞎 D4 - local job creation scheme**

**Q5. Who will your program benefit?**

**X Children (0-14 years)**

**XYoung People (15-24 years)**

**🞎 Women**

**X Families**

**🞎 Older People (65+ years)**

**🞎 People from non-English speaking backgrounds**

**🞎 Aboriginal and Torres Strait Islanders**

**X People with disabilities**

**🞎 Emergency services**

**🞎 General population**

**Q6. How many local residents will your project benefit?**

**Recipients: \_\_\_60\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteers: \_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Q7. If you expect indirect beneficiaries, who might they be?**

Residents of St George will benefit through greater participation by people with Autism and their families in community life as social isolation is reduced.

**Q8. What impact do you hope to have on your identified local community priority needs?**

Increased engagement in exercise resulting in improved fitness.

Increased opportunity for social contact resulting in improved socialisation and communication.

Increased opportunity for parents/carers to connect & exchange information resulting in reduced social isolation and better access to appropriate services.

**Q9. How will you know that you have made a difference (and measure your outcomes?)**

Participant and parent feedback with regards to outcomes for their families. Anecdotal evidence collected by the trainers regarding improved fitness and new social connections. Photos of participants engaging in exercise.

**Q10. What is the proposed commencement date and completion date for the project?**

1 July 2015 to 30 June 2016

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

The project is stand alone.

**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?)**

“Fit and Friendly St George” will give children and young people the opportunity to try out a new venue and learn to work with new staff. Breaking down resistance of being in a new and unknown environment will enable participants to continue their involvement beyond the period of funding. We have seen many families take up memberships with mainstream service providers following their positive involvement through our programs in the past. The project itself will enable us to provide Autism Friendly training to skill up the Hurstville Aquatic Centre staff to better meet the needs of people with Autism into the future.

**Q13. Are you working with other partners in this project, or have you asked for support from anyone else?**

 **X Yes 🞎 No**

**Q13a. If yes, please provide contact details:**

**Zoe Lynam, Facility Manager, Blue Fit, Hurstville M:** 0421 447 866

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

**🞎 Yes X 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):**

No.

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

**$5,300**

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

**Yes. We could offer fortnightly sessions.**

**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)?**

**🞎 Yes X No**

 **If yes, please identify:**

We have applied to SutherlandCLUBS for a Fit and Friendly project but it will be providing services to families in Sutherland LGA and will have a different format. We will also be applying for a Fit and Friendly program in Hornsby. Again, it will provide services to families in that LGA and will use a different format.

**Q19. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?**

**X Yes 🞎 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?**

 **X Yes 🞎 No**

**Q20a. If yes, in what year, for what purpose and how much?**

2013/14 - Hurstville $4,808 for drama club; Kogarah $3,000 for drama club; City of Sydney $2,000 for music club; Marrickville Clubs $4,600 for music club; Sutherland $4,830 for support group

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

25 March 2015 - Final Acquittal for Sutherland 2013/14

**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.**

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| **Income** | **Expenditure** |
| **Description** | **$** | **Description** | **$** |
| Hurstville ClubsGRANT | 5,300 | 2 x Trainers x 40 sessions x 1hr x $50 with venue included | 4,000 |
| ACN Volunteers in-kind | 1,000 | Supervision and promotion 12hrs x $50/hr | 600 |
|  |  | Occupational Therapist x 2 hrs x $200 | 300 |
|  |  | Administration costs | 400 |
|  |  | Volunteers 5 x 10hrs x $20/hr | 1,000 |
|  |  |  |  |
|  |  |  |  |
| **TOTAL INCOME** | **$6,300** | **TOTAL EXPENDITURE** | **$6,300** |

 *\*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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:**

Autism Community Network

**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:

1. To quantify the social contribution made by registered clubs by the making of grants; and
2. 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: \_\_Mrs\_\_\_\_\_ First Name: \_\_\_\_Claudia\_\_\_ Last Name: \_\_\_\_\_Walters\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_Strategic Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_0420669281\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_28 March 2015\_\_