

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"/>	
<hr/>			
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: FITABILITY FOR LIFE

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).

Fitability for Life sees children with autism spectrum disorders participate in a structured program to help them improve fitness, escape isolation and develop social skills. Autism impacts greatly on families living with the disorder, and our children find it difficult to participate in mainstream programs.

Fitability allows children to participate in fun, structured circuits and games under the care of suitable trainers. Older teens are supervised in a gym program with more physical and aerobic exercise. This runs as a weekly activity during school terms, a total of 40 sessions over the year.

We currently 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: 1

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 30 June 2017

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

This program requires funding to run as we pay for professionals to provide appropriate training

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?)

This program will give children the opportunity to experience new things and learn to work with new people. Breaking down resistance to new environments will help them try more opportunities after the group. We have previously seen participants of this program take up memberships with their local gyms and continue to enjoy the benefits. We know of a past participant, a teens with autism, who is now a fitness devotee and is trying out a local mainstream sporting activity.

Working with the Hurstville Aquatic Centre also presents their staff with greater awareness and experience in dealing with clients with autism in the future.

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

X Yes

Q13a. If yes, please provide contact details:

Hurstville Aquatic Leisure Centre

Blue Fit
Zoe Lynham
Facility Manager
0421 447 866

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

No

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?

\$5,100

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

Potentially we could run it fortnightly but it would lessen the fitness, social and psychological benefits to the children.

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 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?

Yes

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
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 ClubGrant	\$5,100	2 x trainers x 40 sessions x 1 hr x \$50 with venue included	\$4,000
ACN Volunteer in kind	\$2,400	Supervision and promotion \$50hr x 12 hrs	\$600
		Administration costs	\$500
		Volunteer x 40 sessions x 2 hr x \$30	\$2,400
TOTAL INCOME	\$7500	TOTAL EXPENDITURE	\$7500

**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:

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