

# Hornsby Shire ClubGRANTS Donation Scheme 2015 Category 1

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Application CGS0009615 from Claudia Stevens

## Instructions to Applicants

### Hornsby Shire ClubGRANTS Donation Scheme 2015 Category 1

#### Getting Support

Contact the SmartyGrants Service team on (03) 93206888 during business hours or email [service@smartygrants.com.au](mailto:service@smartygrants.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.

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

## Applicant Details

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**\* indicates a required field.**

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

**Contact Person 1 Tel\* \*** 0420 669 281

**Contact Person 1 Fax**

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## 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

**\* indicates a required field.**

Project Name\* \* Hornsby Community Leaders in Autism

Please provide a short outline of your project\* \* "Hornsby Community Leaders in Autism" will see people with Autism Spectrum Disorders and their family members develop and deliver tailored projects that improve the health and social wellbeing of people affected by this debilitating condition. Autism is a lifelong developmental disability with deficits in communication, socialisation and behaviour. We already support 387 members with autism in the Northern Sydney area, only 76 of which live in Hornsby LGA . According to ABS data, the LGA is home to over 990 people with autism. This program will outreach to those families and provide services developed by the community, for the community.  
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 Hornsby

Local Government Area L-M

Local Government Area N-P

Local Government Area Q-V

Local Government Area W-Y

## Community Priority Needs

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

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**Community Welfare and Social Services:** A1 - family support/emergency or low cost accommodation  
A4 - aged, disability or youth services

**Community Development**

**Community Health Services**

**Employment Assistance Activities**

## Target Group

**\* indicates a required field.**

**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\*** \* 100

**Volunteers\*** \* 5

**If you expect indirect beneficiaries, who might they be?** Residents of Hornsby will benefit through greater participation by people with Autism and their families in community life as social isolation is reduced.

**What impact do you hope to have on your identified local community priority needs?\*** \*  
5 project champions will volunteer to coordinate the projects developed through "Hornsby Community Leaders in Autism" We hope that at least one of these will be a young person with Autism or a young carer, others will be parents/carers of people with autism.

Understand issues facing people with Autism and their carers in Hornsby LGA. Improve health, economic and social outcomes for people with Autism and their families through the delivery of 5 tailored events/projects. Improved support for carers through greater access to information and development of networks.

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)?\*** \*  
5 volunteers will be recruited, trained and supported to coordinate a project each. These people will be asked to give feedback on benefits they gained through participation. 5 events/projects staged. Attendances recorded. Participant feedback on health, economic and social issues as well as outcomes derived from each project. Friendships made and information exchanged.

## Project Schedule and Sustainability

**\* indicates a required field.**

**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

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<b>Finish*</b>	30/06/2016
<b>Does the project need to be followed up after completion? How?</b>	No the project is stand alone however it will give us information about the needs of people with autism in the Hornsby LGA and Northern Sydney region and the services/facilities available. This information will inform future projects in the area.
<b>What are your plans to ensure that the benefits of the project will be sustained?</b>	The projects will introduce many new families to the Autism Community Network which will enable them to link in to our on-line service directory, forums and newsletters. Volunteers trained and supported through this project will be offered additional opportunities to participate in other activities of the Autism Community Network. Ideas for events/projects piloted through this process may become the focus of future programs for the Autism Community Network. That is, continue after the project has finished and there is no more funding available? Word limit 300 words. Mandatory for Social Enterprise applicants

## Partnerships

**\* indicates a required field.**

<b>Are you working with other partners in this project, or have you asked for support from anyone else?* *</b>	No
<b>If yes, please provide contact details</b>	
<b>Is anyone else doing a similar project in this LGA with your target group?* *</b>	No
<b>If yes, who? Have you spoken to them about collaboration / ensuring non-duplication of services?</b>	
<b>Is this program, project or service already assisted by an existing Government funding program?* *</b>	Yes
<b>If yes, please give details and tell us who you have spoken to about collaboration or ensuring non-duplication of services</b>	Carers NSW Together Program provide funding to support carer groups to cover catering, equipment and administrative costs. We accessed this funding for the first time in 2015 and will register for Hornsby again in 2016. This program does not cover staff costs.

## Funding Sources

**\* indicates a required field.**

<b>What is the total amount of funding you are seeking for this application?* *</b>	\$4,946.30 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.
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Can your project be broken into smaller sections for part funding?* *	Yes
If so, how?	By supporting fewer projects
Have you applied, or do you intend to apply directly, to any other registered club or funding body for this project?* *	Yes
If yes, please identify	We have applied for funding for projects such as this for Hurstville, Sutherland, Sydney city, Hills, Parramatta, Pittwater and Campbelltown. We also intend on seeking funding for Marrickville. These other projects, while similar in nature, do not support the same residents as they target people with autism and their families in other LGAs. See signed declaration at the end of the application form.
Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area you have applied for	No
If No, approximately what proportion will be spent outside the local area?	10%

## Budget

\* indicates a required field.

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 - Hurstville \$4,808 for drama club; Kogarah \$3,000 for drama club; City of Sydney \$2,000 for music club; Marrickville \$4,600 for music club; Sutherland \$4,830 for support group 2014/15 - Bankstown \$4,866 for art club ; Randwick \$3,744 for support group 25 March 2015 - Final Acquittal for Sutherland

**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

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## Budget\*

Income Description	\$	Expenditure Description	\$
Hornsby Club grant	\$4,946.30	Project Coordinator 11 months x 10hrs/month x \$36.12/hr	\$3,973.20
Together program	\$1,500.00	Supervision and promotion 10hrs x \$47.31/hr	\$473.10
ACN Volunteers in-kind	\$1,000.00	Administration	\$400.00
Venue in-kind	\$550.00	Catering for pamper day \$20/hd x 25 participants	\$500.00
	\$	Travel	\$100.00
	\$	Contractors for pamper day 2 x \$250	\$500.00
	\$	Volunteers 5 x 10hrs x \$20/hr	\$1,000.00
	\$	Venue 11 x 2hrs x \$25	\$550.00
	\$	Project costs 5 x \$100	\$500.00
	\$7,996.30		\$7,996.30

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

Attach quotes here: *No files have been uploaded*

## Banking Details

\* indicates a required field.

The Club may wish to provide Autism Community Network applicants with a cheque, please advise as to who the cheque should be made out to for this purpose?\* \*

Please provide either:

- Your organisation's bank details, or
- 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

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

Please include an audited financial statement

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

Please attach letters of

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support here

- [Hornsby LOA.pdf](#) 61.0 kB

### Declaration

\* indicates a required field.

### 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.

### 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.



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

**Authorised Person\* \*** Mrs Claudia Walters

**Position\* \*** Strategic Manager

**Date\* \*** 27/05/2015

## Decision of Hornsby Shire ClubGRANTS Committee

### DECISIONS OF THE ClubGRANTS COMMITTEE

Successful applicants should receive a decision about their application during August, 2015. Applicants that are not successful will receive notification from the Committee in September. If you have not received a letter about your application by late September please call (02) 9847 6547

If your application for ClubGRANTS funding is successful you will be contacted directly by the Club(s) that will be funding your project. Your organisation will be required to;

1. make an appropriate level of acknowledgement of the Club from which you have received funds for the project
2. complete an online evaluation form at the end of the project & submit this form to the Club.