
**Community Grants Program
2014/2015**

Hurstville City Council

Application Form

Community Grants Program 2014 /2015

Application Form

Closing Date :

**4.30 pm Monday 30 June 2014
Applications received after this time and date
will not be considered.**

Enquiries :

**Phone : 9330 6095
Fax : 9330 6223
Internet : www.hurstville.nsw.gov.au
E-mail : hccmail@hurstville.nsw.gov.au**

Please Ensure :

- **All questions on the Application Form are answered.**
- **You have provided your ABN, if applicable, and indicated if your organisation is registered, or required to be registered for the GST.**
- **Your Application arrives at Council by the due date.**
- **You submit separate Applications for individual projects.**

RETURN YOUR APPLICATION TO :



**The General Manager
Hurstville City Council
P O Box 205
Hurstville BC 1481
Attention : Manager – Community
Services**

PART A:

APPLICANT DETAILS

1. Name of lead Organisation completing application

Autism Community Network

2. Street Address

5/154 Broad Arrow Rd, Riverwood NSW 2210

3. Postal Address

PO Box 188,		
Riverwood NSW		Postcode: 2210
Telephone: (02) 9584 0073	E - M a i l claudia@autismcommunity.org.au	: Fax:
Contact Person:		

4. Is the organisation registered or incorporated? (Tick Appropriate Box)

Yes No

If yes, please attach a copy of the Registration Certificate or Articles of Association.

5. Is the organisation constituted as a 'Not For Profit Organisation'?

Yes No

6. Does the organisation have a constitution?

Yes No

If yes, please attach a copy of the Constitution.

7. Is your organisation registered for the GST? (Tick Appropriate Box)

Yes No

8. Is your organisation required to be registered for the GST? (Tick Appropriate Box)

Yes No

9. Your ABN 64 103 662 535

10. Briefly describe the main aims and activities of the lead or supported organisation/project.

The Autism Community Network is a mutual support organisation for people with an Autism Spectrum Disorder, their families and communities.
We offer information, support and social skills building opportunities to individuals and their families as well as community awareness programs and training for disability services and mainstream organisations.

11. If this application is for another group/organisation/project other than the lead organisation please provide following details:

Organisation name

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12. Did your organisation receive Community Grant funds from Council in 2013/14? (Tick Appropriate Box)

Yes No

If yes, have you submitted your Project Evaluation report?

Yes No

Failure to submit this report could result in your application not being considered

13. What is / are your organisation's main sources of income / funding ?

Funding Source	Amount \$	Target Group (if applicable)
a. Philanthropy	78,230	People with disabilities and their carers
b. Fundraising	17,660	People with disabilities and their carers
c. State government grants	10,487	People with disabilities and their carers

14. Please attach (or forward) a copy of your last annual report including financial statements and auditor's report. Have you attached the reports?

Yes No

PART B:

PROJECT INFORMATION

15. Project Name

Cooking up a storm - A life skills for children with autism.

16. Please briefly describe your project.

“Cooking up a storm” offers 20 x 2 hour cooking classes for children with an Autism Spectrum Disorder and their siblings. This Living skills program focuses on teaching children how to prepare simple and nutritious meals while learning to work together and socialise. It also incorporates basic numeracy and literacy skills associated with food preparation. Children will be split into 2 groups i.e. 6-12 yrs and 13-18 yrs running on alternate fortnights. 10 per group.

17. What evidence can you provide of the need for this project ?

Children with an ASD often self-restrict their dietary intake due to sensory issues. They have poor fine motor skills and difficulties in communication and socialisation. Many have food intolerances which make participating in a mainstream program inappropriate.

The ACN has successfully run this program in the past and have had several requests for its continuance. We currently support almost 100 families in the St George area, most of whom live in Hurstville LGA.

Families benefit from linking in to existing services and facilities such as Kingsgrove Community Aid Centre that meet their individual needs. “Cooking up a storm” engages the family in community life and breaks down isolation.

18. Have you discussed your project with any of Hurstville City Council’s Community & Cultural Development Staff?

Yes

No

19. Will other organisations or partners be involved in your project?

Yes

No

If yes, list such partners, their role and any resources they will contribute to this project.

Kingsgrove Community Aid Centre (KCAC) will provide the venue and promote the project to the local community through their website, word-of-mouth and through flyers. They will build relationships with the families and promote their service offering.

20. Explain how you will directly target this project towards residents in the Hurstville Local Government Area?

KCAC and the ACN will promote the project through their own networks. These include clients/members and also teachers, therapists and health professionals in the Hurstville area.

25. Please show all income sources for the project including grants from other Councils

Hurstville Council	\$5,375
Autism Community Network in-kind through fundraising	\$2,175
TOTAL	\$7,175

26. Please show all expenditure items for the project

Facilitator 3hrs x 20 sessions x \$30/hr =	\$1,800
Assistant 3hrs x 20 sessions x \$30/hr =	\$1,800
Travel 2.5kms x 2 trips x 20 sessions @ \$0.75/km =	\$75
Food 20 sessions @ \$80/session =	\$1,600
Printing 20 sessions x \$5/session =	\$100
Administration (insurance, audit, phone, office supplies) =	\$400
Supervision and promotion 3 hrs x 4 terms @ \$50/hr =	\$600
Provision of equipment in-kind	\$800
TOTAL	\$7,175

Please show Net Surplus/Deficit: \$0

PART D: EQUIPMENT GRANT

27. If your application involves the purchase of equipment, please submit three quotations.

(Please attach actual quotes to the application form)

PART E: CERTIFICATION & FUNDING AGREEMENT

Certification by two Representatives of the Applicant Organisation or Group.

(Excluding a staff member / employee)

We, as duly authorised representatives and office bearers of the applicant organisation, have read and understood the Community Grants Program *Policy Guidelines*, and agree to abide by them.

We certify that the information provided in this application for a Council grant is true and correct in every detail.

We agree to provide any information required by Hurstville City Council about the expenditure of the grant.

We agree to contact Council immediately if any information contained in this application form changes or is found to be incorrect.

We agree to refund any unexpended grant monies to the Council.

We agree to submit an Evaluation or Progress Report by June 2015 on any project funded by Council.

We acknowledge that our organisation is registered, where required, for the purposes of the GST, and agree to notify Council if that organisation ceases to be so registered.

1.	Signature	27 June 2014 Date
	Warren Thompson _____	President _____
	Print Name	Position in Organisation
2.	Signature	27 June 2014 Date
	Mina Roberts _____	Treasurer _____
	Print Name	Position in Organisation

Upon Council approving the payment of funds pursuant to an application under the Program, Council will require organisations who are registered for the GST to complete a written agreement that will allow Council to issue a Recipient Created Tax Invoice (RCTI) for GST legislative purposes in the form required by relevant legislation. It will remain the responsibility of the Grant recipient to maintain this RCTI for their own taxation purposes. The Council indemnifies the applicant for any liability for GST and penalty that may arise from an understatement of the GST payable on any supply for which the RCTI is issued.

CHECKLIST

Before lodging your application, check that you have done the following:

		Yes	No
1.	The Community Grants Program <i>Policy Guidelines</i> have been carefully read.	X	
2.	All questions on the application form have been completed.	X	
3.	The project addresses at least one of the Grants Program objectives.	X	

4.	The project addresses at least one of the Annual Priorities for Grant Allocation set out on page 6 of the <i>Policy Guidelines</i> , or identified in the <i>Social Plan</i> .	X	
5.	The organisation's ABN has been provided, if applicable.	X	
6.	The Certification and Funding Agreement in Part E. has been completed by two office bearers of your organisation.	X	
7.	The following documents have been/will be submitted: <ul style="list-style-type: none"> ▫ A copy of the organisation's current constitution (<i>Only required for first time applicants or if your constitution has changed</i>) ▫ A copy of the organisation's Articles of Association (<i>first time applicants only or if changed</i>) ▫ The organisation's most recent audited financial statement ▫ The organisation's most recent Annual Report ▫ Copies of three quotes have been attached (if appropriate) for equipment costing more than \$1,500 or for capital works 	X	

HELPFUL TIPS

- **If submitting more than one application you need only submit one copy of accompanying documents.**
- **If emailing or faxing the application form accompanying documents (except copies of quotes) can be posted separately if too large to be emailed or faxed. While it essential that the application form be received by Council by the deadline the accompanying documents can follow.**
- **Please ensure that all relevant information regarding your project is contained in the application to enable a clear understanding of what is proposed.**
