



APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: <u>Autism Community Network</u>		
ABN: <u>64 103 662 535</u>		
Council Area: <u>Hurstville</u>		
Is your organisation a non-profit organisation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organisation incorporated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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: <u>Mrs</u>	Name: <u>Claudia Walters</u>	
<small>e.g. Mr/Mrs/Ms</small>		
Postal Address: <u>PO Box 188</u>		
Suburb: <u>Riverwood</u>	State: <u>NSW</u>	Post code: <u>2210</u>
Phone: <u>0420669281</u>	FAX: _____	
Email: <u>claudia@autismcommunity.org.au</u>		
Secondary Contact Person Details:		
Title: <u>Mr</u>	Name: <u>Warren Thompson</u>	
<small>e.g. Mr/Mrs/Ms</small>		
Phone: <u>0410950508</u>	FAX: _____	
Email: <u>warren@autismcommunity.org.au</u>		

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

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: _____ **St George Community Leaders in Autism** _____

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).

"St George Community Leaders in Autism" will see people with Autism Spectrum Disorders and their family members develop and deliver tailored projects that improve the health, economic 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 98 families with autism in St George, 50 of which live in Hurstville LGA and 30 of which are Chinese speakers. According to ABS data, the area is home to over 1,080 people with autism. This program will outreach to those families, and in particular Chinese speakers in the area.

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

- A1 - family support/emergency or low cost accommodation
- A2 - child protection/child care
- A3 - counselling services
- 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?

- Children (0-14 years)
- Young People (15-24 years)
- Women
- Families
- Older People (65+ years)
- People from non-English speaking backgrounds
- Aboriginal and Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

Q6. How many local residents will your project benefit?

Recipients: 100

Volunteers: 5

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?

5 project champions will volunteer to coordinate the projects developed through "St George Community Leaders in Autism" We hope that at least one of these will be a young person with Autism.

Improve health, economic and social outcomes for people with Autism and their families through the delivery of 5 tailored events/projects.

Provide access to the Chinese speaking community to specialist autism support.

Q9. 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, including by Chinese speakers. Participant feedback on health, economic and social outcomes derived from each projects.

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?

No. 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?)

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.

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

Yes No

Q13a. If yes, please provide contact details:

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

Yes 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):

Carers NSW Together Program will contribute \$1,500 toward the cost of administration and interpreters for this project.

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

\$4,900

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

Yes. We could support fewer projects

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:

We also hope to offer this program in Sutherland and the Hills Shires although without the emphasis on Chinese speakers

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

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?

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.

Income		Expenditure	
Description	\$	Description	\$
Hurstville ClubsGRANT	4,900	Project Coordinator 11 months x 10hrs/month x \$30/hr	3,300
Carers NSW Together Program	1,500	Supervision and promotion 12hrs x \$50/hr	600
ACN Volunteers in-kind	1,000	Project costs for 5 projects x \$200 each	1,000
		Administration costs	400
		Interpreter 20hrs x \$55/hr	1,100
		Volunteers 5 x 10hrs x \$20/hr	1,000
TOTAL INCOME	\$7,400	TOTAL EXPENDITURE	\$7,400

**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:

- 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: Mrs First Name: Claudia Last Name: Walters

Position: Strategic Manager

Contact Number: 0420669281

Signature: _____

Date: 27 March 2015