

ClubGrants 2013

Category 1

Application 00072 from Claudia Stevens

Instructions to Applicants

Marrickville Local Committee

Getting Support

Contact us on 9355 2222 during business hours or email clubgrants@marrickville.nsw.gov.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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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			
ABN	64 103 662 535		
Organisation Name	Autism Community Network		
Status	Active		
Type of Organisation	Other Incorporated Entity		
Is registered for GST?	No		
Is a Charity?	Yes	Type	Charitable Institution
Is a Deductible Gift Recipient (DGR)?		Yes	
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption		
Registered Address	2209 NSW		
<i>Information current as at 12:00am today</i>			

Postal Address* PO Box 188
Rverwood NSW 2209

General Email Address* autismcommunity@yahoo.com

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* Ms Claudia Stevens

Contact Person 1 Position/Title* Strategic Manager

Contact Person 1 Email* funding@autismcommunity.org.au

Contact Person 1 Tel* 0420 669 281

Contact Person 1 Fax

Contact Person 2 (optional)

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President / Chairperson, Secretary or Treasurer of Management Committee / Board

Contact Person 2 Name Mr Steve Drakoulis
Contact Person 2 Position/Title Operations Manager
Contact Person 2 Email autismcommunity@ahoo.com
Contact Person 2 Tel 0431 724 229
Contact Person 2 Fax

Project Overview

Project Name* Inner-west Autism Kids Music Club

Please provide a short outline of your project*

1. Provide 20 x 2 hour music classes tailored to the needs of children with an Autism Spectrum Disorder and their siblings. The sessions to be held fortnightly during school terms at the Addison Road Community Centre. This program will include a performance for family and friends during the last week of term for if appropriate for the needs of the group.

2. Provide a concurrent information and support group sessions for parents and carers of children attending these classes

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

Local Government Area L-M Marrickville

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?

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

Community Development B3 - community education programs

Community Health Services

Employment Assistance

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Activities

Target Group

Who will your project benefit?* Children (0-14yrs)
Families
People with disabilities

How many local residents will your project benefit?

Recipients*

Children with ASD (10), their siblings (5) and parents/carers (10) each term. 40 families in total.

Volunteers* 2

If you expect indirect beneficiaries, who might they be?

Indirect beneficiaries include the schools and communities in which the participants learn and live as the improved social skills learned in the class will have flow on, legacy benefits in all settings.

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

Inner-west Autism Kids Music Club will provide a full year, front-line program of services to children with an Autism Spectrum Disorder and their siblings. This program provides a safe environment for children with deficiencies in communication, socialisation and creative play to experiment with social interaction and gain confidence. It allows siblings to express some of the issues facing them and to have an opportunity to mix with other children who share and understand the experience.

The program will also allow us to meet the needs of parents and carers by offering them a regular respite from the responsibilities of caring for their special needs children where they can share their stories and exchange information. This project also improves the broader social fabric of the community by raising awareness of the abilities and interests of children on the autism spectrum through media promotions.

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)?*

Attendance at sessions will be tracked, parents will be asked to provide feedback regarding the value of the program to their children and families and a combination of photos and anecdotal evidence will be taken from the children during the course of the program.

Project Schedule and Sustainability

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* 01/07/2013

Finish* 30/06/2014

Does the project need to be

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followed up after completion?

How?

The project does not require follow-up after completion as it is designed to stand alone, however we will be seeking recurrent funding through ADHC to ensure that the program continues to be available in future years.

What are your plans to ensure that the benefits of the project will be sustained?

The main benefits of the project are the social skills and confidence that our children will develop through the medium of music. These benefits will have a lifelong impact on these children, their families and their communities.

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

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

If yes, please provide contact details Addison Road Community Centre have offered their support with media promotion.

Mike,
Addison Road Community Centre Coordinator
T: 9569 7633

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

If yes, who? Have you spoken to them about collaboration / ensuring non-duplication of services?

Individual music therapists work one-on-one, on a fee for service basis, with children on the autism spectrum however there is such a shortage of skilled teachers that waiting lists mean that our children cannot get access to these opportunities. The cost is often prohibitive for our families who are already dealing with the high cost of medical, behavioural and educational interventions.

Is this program, project or service already assisted by an existing Government funding program?* No

If yes, please give details and tell us who you have spoken to about collaboration or ensuring non-duplication of services

Funding Sources

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

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\$4,600

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.

Can your project be broken into smaller sections for part funding?* Yes

If so, how?

The program can be reduced by half by reducing the number of sessions. This will mean that the children will only be able to meet monthly rather than fortnightly which is not optimal for building group cohesion and the confidence of the children.

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 will be applying to City of Sydney and Burwood Councils to part fund this as a regional project.
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? 20% of the funding will be spent outside of the local area

Budget

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?

In 2013 from Hurstville (\$4,804) and Canterbury (\$4,804) for outreach, a monthly support group, production of communication tools and training for Board volunteers.

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:

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Facilitator Fees @ \$40ph x 2hpw x10 weeks
Printing \$300
Rental Contribution 1/5th of total space occupied

Budget*

Income Description	\$	Expenditure Description	\$
Marrickville Clubs grant	\$4,600.00	Music therapist 1hrs x 20 sessions x \$200/hr	\$4,000.00
City of Sydney Clubs grant	\$4,600.00	Assistant 2 hrs x 20 sessions x \$30/hr	\$1,200.00
Burwood Clubs grant	\$4,600.00	Support group leader/facilitator 3hrs x 20 sessions x \$50/hr	\$3,000.00
ACN Volunteers	\$600.00	ACN Volunteers 2 x 10hrs x \$30/hr	\$600.00
Addison Road Community Centre in-kind	\$300.00	Venue 2 hrs x 20 sessions x \$50/hr	\$2,000.00
	\$	Equipment 10 participants/term x 4 terms x \$20/participant	\$800.00
	\$	Catering 10 children plus 10 adults per session x 20 sessions x \$2/head	\$800.00
	\$	Printing 10 families per term x 4 terms x \$20/family	\$800.00
	\$	Insurance, promotion and administration	\$1,500.00
	\$14,700.00		\$14,700.00

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

Attach quotes here: *No files have been uploaded*

Banking Details

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 062 234

Account Number 10417253

Documentation

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Please attach your latest annual report

- [ACN ANNUAL REPORT 2011 - 2012.pdf](#) 4.7 MB

Please include an audited financial statement

No files have been uploaded

Please attach letters of support here

- [ACN ENDORSEMENT ANDY LEUNG.pdf](#) 85.2 kB
- [ACN ENDORSEMENT BY BETTY SLATYER.pdf](#) 23.2 kB
- [ACN Letter.pages](#) 234.4 kB
- [David AcklinJones endorsement.pdf](#) 142.8 kB
- [Letter of endorement ACN complete.pages](#) 453.2 kB
- [Robert Furolo Letter.pdf](#) 308.1 kB

Declaration

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.

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"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.

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

Authorised Person* Ms Claudia Stevens

Position* Strategic Manager

Date* 29/05/2013