

# 2015 Penrith Cat 1 ClubGRANTS Round

## 2015 Penrith Category 1 ClubGRANTS

Application 00360 from Claudia Stevens

### Instructions to Applicants

#### Getting Support

For further information, please contact Penrith City Council's Community Projects Officer, Vesna Kapetanovic on 4732 7771 during business hours or email [vkapetanovic@penrithcity.nsw.gov.au](mailto:vkapetanovic@penrithcity.nsw.gov.au) com and quote your application number.

#### Navigating (moving through) the application form

At the right every screen is a menu which links directly to every page of the application. Click on any page to jump to that page. You can also click 'next page' or 'previous page' on the top or bottom of each page.

Do not click on the 'back' button in your internet browser as this will remove the work you have just completed.

#### Saving your draft application and returning later

You can press 'save' at any point and log out. When you log back in, your draft application will be saved and you can start where you left off.

#### Submitting your application

The submit button is on the final page. You will not be able to submit your application until all the required questions are completed and within any specified word limits.

**When you submit your application you will receive an automated email confirming your submission. A PDF copy of your completed application form will be attached. This will be sent to the email you used to register.**

**Please contact us if you do not receive this email.**

#### 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.

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

### Applicant Details

#### 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

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<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

*Information current as at 12:00am today*

**Postal Address\*** PO Box 188  
Riverwood NSW 2210

**General Email Address\*** info@autismcommunity.org.au

**Local Government Area A-B**

**Local Government Area C**

**Local Government Area D-K**

**Local Government Area L-M**

**Local Government Area N-P** Penrith

**Local Government Area Q-U**

**Local Government Area W-Y**

### Status

**Is your organisation a non-profit organisation?\*** Yes

**Is your organisation incorporated?\*** Yes

**If yes, please indicate which form of incorporation** Incorporated Association

**If Company limited by guarantee**

**What proportion of your company's operations is devoted to administration costs?**

**To what are your annual surpluses applied?**

**If Incorporated Association**

**Please supply incorporation number** INC9896017

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### If Unincorporated Association

Note: Your project may be auspiced by another body.

### 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 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

### Project Overview

**Project Name\*** Fit and Friendly - Western Sydney Aspie Youth Club

#### Project Sponsors (if applicable)

**Please provide a brief project summary\*** "Fit and Friendly - Western Sydney Aspie Youth Club" is a fortnightly program for at risk young people with High Functioning Autism which uses cooking and fitness as platforms to engage, develop common interests, build friendships and improve health.  
Word Limit: 50

**Please provide a full description of your project\*** A study published by Drexel University, Autism Institute, Chicago on 21 April 2015 showed that young people with autism have lower social outcomes than even their peers with other disabilities in the years after school. It showed that 36% participated in education; 30% had a job soon after school; 19% lived independently; 25% had no contact with friends in the last year; and 47% suffered bullying victimisation.

The Autism Community Network currently supports 144 young people aged 13-17 years and a further 46 in the 18-24 age group across Sydney. We have recently established support groups in Blacktown and Penrith and have 142 members in the Western suburbs of Sydney. Feedback from our members and from the Western Area Adolescent Team (WAAT), Western Sydney Local Health District highlighted the need for services that met

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the needs of at risk youth in the area.

"Fit and Friendly - Western Sydney Aspie Youth Club" will improve health and wellbeing outcomes in this hard to reach target group by allowing them to learn how to socialise in a safe environment with others who can relate to their life experience while also learning how to prepare healthy meals and use gym equipment. This project will enable us to provide elements of several of our most successful programs that have previously been run in Southeastern Sydney including our Youth Group, Fitness program and Cooking Club. It will also allow us to integrate information provided by the WAAT team to improve health outcomes.

We will deliver fortnightly sessions during school terms in a number of facilities within the Penrith LGA, improving community access and allowing the young people to gain confidence in using mainstream services.

Word Limit: 500

**Which category does your project belong to?\*** Community Welfare and Social Services

**Location of project:\*** Various facilities in Penrith LGA  
Where is your project being undertaken?

### Community Priority Needs

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

**Community Welfare and Social Services** Aged, disability or youth services

**Community Development**

**Community Health Services**

**Employment Assistance Activities**

### Penrith LGA Community Services Priorities

**Choose up to 3 priorities from the following list** Support for community organisations that support people under stress  
Service gaps for people 18-65 years old with disabilities  
Activities and programs for children aged up to 12 years and young people aged 12-24 years

### Target Group

**Who will your project benefit?\*** Children (0-14yrs)  
Young people (15-24)  
People with disabilities

**How many local residents will your project benefit?**

**Recipients\*** 20

**Volunteers\*** 2

**If you expect indirect**

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<b>beneficiaries, who might they be?</b>	Families and communities of young people with Autism Spectrum Disorders and organisations working with at risk youth.
<b>What impact do you hope to have on your identified local community priority needs? *</b>	<ol style="list-style-type: none"><li>1. Improve community participation</li><li>2. Build social and communication skills</li><li>3. Build self-care skills to improve health</li><li>4. Increase social opportunities to build friendships</li></ol> <p>Word Limit: 300. Note: You will need to evaluate and report on your project against these outcomes.</p>
<b>How will you know that you have made a difference (and measure your outcomes)?*</b>	<ol style="list-style-type: none"><li>1. Attendance rates and venues accessed</li><li>2. Anecdotal evidence of improved socialisation</li><li>3. Engagement in health focused activities (photos/videos)</li><li>4. Anecdotal evidence of contact made outside of session times between participants</li></ol>
<b>How will you ensure that the project is accessible to your target group?*</b>	<p>Project activities will be shaped by participant feedback. Project venues will be chosen in collaboration with project participants. A Social media page will be set up to enable project participants to communicate outside of session times. Participants will be supported by a parent/carer or a family member in situations where family breakdown limits involvement.</p> <p>e.g. interpreters, physical access to buildings, free transport to activities.</p>

### Project Schedule

#### 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.

<b>Start*</b>	01/07/2015
<b>Finish*</b>	30/06/2016

### 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** Felicity Pepper,  
Youth Health Manager,  
Western Area Adolescent Team (WAAT)  
Western Area  
T: 98811230  
E: felicity.pepper@health.nsw.gov.au

**Is anyone else doing a similar project in this LGA with your target group?\*** No

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

**Is this program, project or service already assisted by** No

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an existing Government funding program?\*

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?\*** \$6331.33  
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?** By providing fewer sessions

**Have you applied, or do you intend to apply directly, to any other registered club or funding body for this project?\*** No

**If yes, please identify** See signed declaration at the end of the application form.

**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 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

### Budget

**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

### Budget\*

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Income Description	\$	Expenditure Description	\$
ACN Volunteers and Equipment in-kind	\$1,100.00	Facilitator 20 sessions x 3hrs x \$36.12/hr	\$2,167.33
Penrith ClubsGRANT	\$6,331.33	Assistant 20 sessions x 2hrs x \$29.10	\$1,164.00
	\$	Venue 20 sessions x 2hrs x \$25/hr	\$1,000.00
	\$	Catering 10 sessions x \$100	\$1,000.00
	\$	Administration	\$400.00
	\$	Supervision and promotion	\$600.00
	\$	ACN Volunteers 2 x 10 sessions x 2hrs x \$20/hr	\$800.00
	\$	Equipment - use of provided in-kind by the ACN	\$300.00
	\$7,431.33		\$7,431.33

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/s may wish to provide applicants with a cheque, please advise as to who the cheque should be made out to for this purpose?\*

Autism Community Network

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

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

Please include an audited financial statement

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

### Declaration

#### Funding Conditions

If your application for funding is successful you will be required to:

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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.

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

**Authorised Person\*** Mrs Claudia Walters

**Position\*** Strategic Manager

**Date\*** 23/04/2015