



## 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](http://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](http://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](mailto: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:** \_\_\_\_\_ **Music Magic for Autism** \_\_\_\_\_

**Q2. Project Sponsors (if applicable):**

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**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).**

“Music Magic for Autism” is a program of 5 Music Therapy sessions to help children with autism and their families learn how to use music as a tool for emotional regulation and behaviour management.

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Autism is a lifelong developmental disability with deficits in communication, socialisation and behaviour.

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We already support 230 families with autism in St George, 65 of which live in Rockdale LGA. According to ABS data, the area is home to over 695 people with autism.

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**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

**X 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?**

**X Children (0-14 years)**

**X Young People (15-24 years)**

Women

**X Families**

Older People (65+ years)

People from non-English speaking backgrounds

Aboriginal and Torres Strait Islanders

**X People with disabilities**

Emergency services

General population

**Q6. How many local residents will your project benefit?**

Recipients:   48  

Volunteers:   2

**Q7. If you expect indirect beneficiaries, who might they be?**

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Residents of St George will benefit through greater participation by people with Autism and their families in community life as social isolation is reduced.

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**Q8. What impact do you hope to have on your identified local community priority needs?**

“Music Magic for Autism” offers a direct service to children and young people with a disability. It overcomes the financial barriers to trialling Music Therapy by offering 5 free sessions to families that are struggling under the financial pressure of reduced work hours and high cost of specialist services related to care of their dialled child. It also provides an opportunity for families to meet and share experiences so as to breakdown social isolation and build networks of support.

**Q9. How will you know that you have made a difference (and measure your outcomes?)**

Attendance at sessions.  
Feedback from children and young people, their parents/carers and the facilitator regarding issues, strategies, behaviour change and social connectedness.

**Q10. What is the proposed commencement date and completion date for the project?**

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1 July 2015 to 30 June 2016

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**Q11. Does the project need to be followed up after completion? If yes, how?**

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No. The project is stand alone.

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**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?)**

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This program enables families to trial the effectiveness of Music Therapy as a support for their child. It is anticipated that some families will go on to seek private tuition in this area. We will also seek government funding to enable us to incorporate this service into our core offering. This pilot program will enable us to show the demand for such service in the St George area.

**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:**

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**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?**

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**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):**

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No

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

\$5,300

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

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Yes. We could offer fewer sessions or take on fewer families

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**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:

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We also hope to offer this program in Blacktown area but they are separate projects servicing different people.

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**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?**

75%

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**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?**

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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

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2014/15 - Bankstown Clubs \$4,866 for art club ; Randwick Clubs \$3,744 for support group

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**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	5,300	Music Therapist (2 x 45minute programs x 5 sessions x 4 terms @ \$200 per session)	4,000
Venue in-kind by 3 Bridges	1,000	Supervision and promotion 12hrs x \$50/hr	600
ACN Volunteers in-kind	1,000	Equipment (3 sets of instruments @ \$100/set)	300
		Administration costs	400
		Venue (2 hrs x 5 sessions x 4 terms @ \$25/session)	1,000
		Volunteers 2 x 25hrs x \$20/hr	1,000
<b>TOTAL INCOME</b>	<b>\$7,300</b>	<b>TOTAL EXPENDITURE</b>	<b>\$7,300</b>

*\*If more room is required, please attach extra information on a new page.*

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**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

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**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:   16 April 2015