

# 2016 Community Capacity- General Category

## 2016 Community Capacity - General Category

Application Gen05 from Andrea Lee

### ORGANISATION DETAILS

\* indicates a required field.

**NAME OF ORGANISATION \*** Autism Community Network

**POSTAL ADDRESS \*** PO Box 188  
Riverwood NSW 2210

**CONTACT PERSON \*** Mr Steve Drakoulis

**POSITION** Operations Manager

**TELEPHONE \*** 0431 724 229  
Must be an Australian phone number

**EMAIL ADDRESS \*** steve@autismcommunity.org.au  
Must be an email address

**Are you a non-profit organisation/community group? \*** Yes

**Are you an incorporated organisation? \*** Yes  
If No, your organisation is not eligible to apply for Community Grants Program

**Does your organisation have public liability insurance? \*** Yes

**Is your organisation/group registered for the Federal Government's Goods and Services Tax (GST)? \*** Yes

**Does your organisation have an ABN ? \*** Yes

**If YES, what is your organisation's ABN?** 64 103 662 535

#### Information from the Australian Business Register

<b>ABN</b>	64 103 662 535
<b>Entity name</b>	Autism Community Network
<b>ABN status</b>	Active
<b>Entity type</b>	Other Incorporated Entity
<b>Goods &amp; Services Tax (GST)</b>	Yes
<b>DGR Endorsed</b>	Yes (Item 1)
<b>ATO Charity Type</b>	Charity <a href="#">More information</a>
<b>ACNC Registration</b>	Registered

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**Tax Concessions** FBT Rebate, GST Concession, Income Tax Exemption

**Main business location** 2210 NSW

*Information current as at 12:00am today*

## ORGANISATION/COMMUNITY GROUP CAPACITY

**\* indicates a required field.**

**Do you have any paid staff in your organisation? \*** Yes

**If YES,how many paid staff?** 4  
Must be a number

**How many members and/or volunteers do you have in your organisation/group?** 1850

**Describe what does your group/organisation do? \*** We now have more than 800 families (1,850 individuals) who come together on-line and 10 regions across Sydney to work on creating a society where people with autism and their families lead rich, full and rewarding lives. We organise support group meetings for carers, social events and skills classes for people with autism and their siblings/families.  
Must be no more than 100 words

**Did your organisation/group receive any funding? Describe your current financial status? \*** We apply each year for club and other grants across different regions so that we can bring support services to local communities. We have not previously received grants from Ryde council where we run a support group and a monthly social event. We do not receive ongoing funding from anywhere and rely on community support through donations and volunteer work  
Must be no more than 100 words

**What does your organisation/group wish to achieve in 3 years time?** Create more sustainable social programs and support groups for families affected by autism. Our objective is to build greater capacity among carers and individuals in the local community to better support each other.  
Must be no more than 100 words

## PREVIOUS GRANTS RECEIVED

**\* indicates a required field.**

**Did your organisation/group receive ANY funding from City of Ryde in 2014/2015? \*** No

**Please attach 2014/15 funding acquittal.** *No files have been uploaded*

**\*\*This application will not be eligible for consideration until 2013/2014 funding acquittal is provided to the City of Ryde.**

## PROJECT DETAILS

**\* indicates a required field.**

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- 1. Name of Project ? \*** Ryde Arts About Autism Club
- 2. Describe project to be undertaken to build the capacity of organisation/group. \*** Arts About Autism is a creative art and social skills development program for children with Autism Spectrum Disorder and their siblings. It offers once a month program of semi-structured activities during school terms where autistic children and their siblings aged 5-18 years can engage in creative play. It also offers parents/carers regular respite where they can meet with others to break down social isolation.  
Must be no more than 100 words
- 3. Describe the rationale behind the project. \*** Families affected by autism frequently go into social isolation because they find great difficulties in using mainstream services as a result of the unpredictable behaviours of the autistic children.  
  
This Ryde Art Club will provide a no-stress environment for the family to come together for respite and social interactions with families who understand how difficult it is to live with autism.  
Must be no more than 50 words
- 4. Describe what will be achieved at the completion of project. \*** Children with autism and their siblings will have had the opportunity for social experiences which they would not otherwise have had. They will have developed social skills, greater confidence in dealing with others, and made friends. Their parents and carers will have met others for mutual support.  
Must be no more than 50 words
- 5. Describe how the project will be evaluated? \*** 1. Attendance numbers  
2. the value children and carers get from the program measured through feedback received  
Must be no more than 50 words
- 6. If applicable, describe how the intended outcomes of the project can be sustained beyond the (funded) life of project ?** The program relies on volunteers to help a paid art teacher. Other costs include rental of premises and art materials costs. Beyond the funded life of the project we will look to using a volunteer to take on the role of the art teacher which cut down the running costs.  
Must be no more than 50 words

### BUDGET & ACTIVITY WORKSHEET

\* indicates a required field.

#### Budget Worksheet

How do you propose to spend this funding? Please complete the budget table below.

(Please be specific and attach any quotes and or supporting material you have available.)

Income	\$ Amount	Expenditure	\$ Amount *
Grant amount	\$2,357.60	Materials	\$500.00
Other grants	\$0.00	Venue hire/Rent	\$177.60
Subsidies	\$0.00	Promotion costs	\$120.00
Fundraising	\$0.00	Administration costs	\$480.00
In-kind support from ACN	\$120.00	Art teacher	\$1,200.00
Volunteer	\$600.00	Volunteer	\$600.00

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			Must be a dollar amount
	\$3,077.60		\$3,077.60

Upload relevant project quotes and/or other supporting material

- [2016 Community Capacity Ryde Art Group Grant.docx](#) 47.1 kB

**\*\*Please Note:** There is a maximum file limit of 25 megabytes. However, it is strongly recommended you try to keep files under 5 megabytes.

## PROJECT BUDGET

\* indicates a required field.

1. Total cost of project? \* \$3,077.60  
Must be a dollar amount

2. Total amount requested from Council for this project? \* \$2,357.60  
Must be a dollar amount

3. Will you receive any in-kind support for your project? We will provide a volunteer to work alongside teacher for 12 month - value \$600  
Please list any non-cash contributions which your organisation and/or your partners will make to the project. We will promote the group through our website, newsletter, and other support groups. We attach a nominal cost of \$20 per month towards that  
Must be no more than 50 words

## DECLARATIONS

**(This form must be completed by a person holding an Office Bearer position within your organisation.)**

I have read the Guidelines relating to grants under this program and certify, that to the best of my knowledge the information provided on this form is correct and has been approved by the Management Committee or relevant body, and that I have the delegated authority to submit this application.

I declare that the information provided in this application is correct and that I have read and accepted, on behalf of the organisation, the Guidelines for funding.

I agree that my organisation will take responsibility for the administration, insurance and acquittal of the grant should this application be successful.

I acknowledge that the City of Ryde has the right to withdraw the offer of funding or demand the return of any funds already paid if it is discovered that any of the information provided is false.

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<b>Name of Organisation</b>	Autism Community Network
<b>Name of Applicant</b>	Mr Steve Drakoulis
<b>Position in Organisation</b>	Operations Manager
<b>Date</b>	14/03/2016

## IMPORTANT

**You will not be able to make any changes to your form after you have submitted it.**

**ALL APPLICATIONS MUST BE SUBMITTED VIA THIS APPLICATION.**

**IF YOU REQUIRE ASSISTANCE WITH THE ONLINE APPLICATION, PLEASE CONTACT 9952 8222.**

\*\*If you are unable to send supporting documentation electronically, please print copies of the required documentation and email with a **copy** of your application to [pkoo@ryde.nsw.gov.au](mailto:pkoo@ryde.nsw.gov.au). Please state grant application number as a reference.