

Community Building Partnership 2015

Community Building Partnership 2015 - Application Form

Application CBP15 - 3402 from Autism Community Network

Community Building Partnership Program 2015 - Application Form

Instructions

Purpose of this form:

The purpose of this form is to collect information regarding an application for funding.

Submitting this form does not guarantee funding. The application process is competitive. All applications are assessed on merit and are subject to satisfying the assessment criteria.

How to complete this form:

When completing this form, please refer to the published Guidance Notes and Application Question Guide, available on the Community Building Partnership [website](#). You may also find useful the Help Guide for Applicants, which provides assistance with 'software related' questions. These documents provide you with further information about the requirements of the Program and this application form.

Ensure you are familiar with the eligibility and assessment criteria for the Program.

Please complete all the relevant sections and attach all required documentation to this form via the 'upload' facilities throughout this application form.

Incomplete applications may be considered ineligible and not assessed. Your application is not officially submitted for consideration until you **'review and submit'** your application at the end of the application form.

Many of the questions in this application form require you to select one or more prepopulated options, please select the most relevant. Some questions allow you to select 'other' and specify another response in the box provided.

Questions that are mandatory and require a response are highlighted with a red *.

Hints are provided throughout the application form to assist with the completion of the form.

Remember to save your application regularly. You do not have to complete this application form in one session. You can return to this form from time to time to complete it before the deadline.

Once submitted however your application cannot be varied. If you realise that you have made an error once you have submitted your application please contact the Community Building Partnership Team for assistance before the closing date.

Once you have submitted your application for funding, a confirmation email will be sent to your nominated email address (attached to your Smartygrants account). This confirmation email will also include a copy of your application for reference. Please keep the confirmation email and the copy of your application in a safe place and as part of your records as you may need to refer to it at a later date.

When you start your application it will be issued with a unique reference number, please quote this in any correspondence or queries regarding your application.

We recognise that your organisation's contact details or the contact details of nominated project contacts may change from time to time. When this occurs please email the Community Building Partnership Team to notify us of the change at cbpinfo@dpc.nsw.gov.au so that we can update our records and ensure that we can reach the project and your organisation in a timely manner.

All applications for funding are assessed on merit through a competitive process. The Community Building Partnership Team will contact you should there be any questions regarding your application. The timetable for the funding process is detailed on the Program's website. Announcements will be made as soon as possible.

The Community Building Partnership Team can be contacted on cbpinfo@dpc.nsw.gov.au or phone 13 77 88.

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Thank you

The Community Building Partnership Team

Eligibility

*** indicates a required field.**

Reminder

Remember to SAVE your application form regularly.

Organisation Status

Note:

The following types of applicant are **not able to apply** for funding under the Community Building Partnership Program. Refer to the Program's Guidance Notes for further details, [click here](#). If you are unsure contact the Community Building Partnership Team.

Types of applicant that are NOT able to apply:

- Individuals, or groups of individuals
- Unincorporated organisations
- For-profit commercial organisations
- State and Federal Government agencies and their entities

1. Legal status of your organisation *

Incorporated Non-Government (Not for Profit)

Select the most relevant option. If 'other' please specify in the box provided.

2. Is your organisation a committee of Local Council? *

No

If you are unsure please check with your Local Council. A committee of Local Council may include a Trust or Reserve Committee, or a Progress Association.

3. Type of organisation *

Disability Services

Select one or more options that best describe your organisation. If 'other' please specify in the box provided.

4. Organisation's Incorporation Registration Number

9896017

If you have an Incorporation Registration Number, please provide it here.

5. Organisation ABN/ACN

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

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Registered for GST	Yes
DGR Endorsed	Yes (Item 1)
ATO Charity Type	Charitable Institution More information
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Registered Address	2210 NSW

Information current as at 12:00am today

Must be an ABN

6. Has your organisation previously received funding from the Community Building Partnership Program (CBP)? *

Yes, different location(s), go to Q7 below

Select the relevant option. If unsure, please contact the Community Building Partnership program to clarify. If you have answered 'Yes', please answer Q7 below.

7. If your organisation has previously received funding from CBP, please provide a brief description here.

Project 21629 - Security upgrade

Locks, filing cabinet and shelving for the Autism Community Network office.

2014

\$1,187

Answer this question if you answered 'Yes' in Q6 above. Include the year the project(s) was funded, the project ID number(s), the name of the project(s) and the funding amount(s). Must be no more than 200 words.

Applicant Organisation Contact Details

* indicates a required field.

Reminder

Remember to SAVE your application form regularly.

Organisation Name and Address Information

Please provide organisation level information in the section below.

8. Registered Name of Organisation *

Autism Community Network

Should be consistent with the name listed on your Incorporation Registration or Australian Business Number (ABN)

9. Trading Name of Organisation

10. If you trade under any other name, please specify

Complete this question, if different to Q8 and Q9 above.

11. Organisation Business Address *

Illawong Community Centre, 273 Fowler Rd,

Illawong NSW 2234 Australia

Must be an Australian postcode. Street or postal address can be listed here.

12. Organisation Business Phone *

0431 724 229

Must be an Australian phone number (include the area code). Must be able to be used during daytime hours.

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13. Organisation Email Address *

info@autismcommunity.org.au

Must be an email address

14. Organisation Website Address

https://www.autismcommunity.org.au

Must be a URL

Organisation Contact Details

Please provide **details of the main contact person for your organisation** in the section below.

15. Organisation Contact Name *

Mrs Claudia Walters

For example, this person could be the General Manager, CEO, President, Secretary, Treasurer or another person who is the main contact person for your organisation.

16. Position *

Strategic Manager

For example, this person could be the General Manager, CEO, President, Secretary, Treasurer or another position within your organisation.

17. Address and contact details as per questions above *

Yes, go to Q21 below

Only complete questions 18 - 20 if required.

This section has been disabled because of your response to question: "17. Address and contact details as per questions above" on page 3

18. Organisation Contact Address *

Must be an Australian postcode. Street or postal address can be listed here.

19. Organisation Contact Phone Number *

Must be an Australian phone number (include the area code). Must be able to be used during daytime hours. Can be a landline or mobile phone number.

20. Organisation Contact Email Address *

Must be an email address.

Project Contact Details

Please provide the **contact details of the main project contact** in the section below.

21. Address and contact details as per questions above *

Yes, go to Q27 below

This section has been disabled because of your response to question: "21. Address and contact details as per questions above" on page 3

22. Project Contact Person *

List the person who will be the main contact for the project, this may be a different person to the individual listed above. If the contact is the same person as above, please confirm their details here.

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23. Position of Project Contact *

For example, this person could be the Secretary, Treasurer or another position within your organisation.

24. Project Contact Address *

Must be an Australian postcode. Street or postal address can be listed here.

25. Project Contact Phone *

Must be an Australian phone number (include the area code). Must be able to be used during daytime hours. Can be a landline or mobile phone number.

26. Project Contact Email *

Must be an email address.

Project Details

*** indicates a required field.**

Reminder

Remember to SAVE your application form regularly.

Project Overview

In this section of the application form, please tell us about your project.

Please make sure you have read the Program's Guidance Notes and Application Question Guide, and understand what is eligible for funding and what. Click [here](#) to access these documents on the Community Building Partnership website.

27. Project Title *

Marrickville High School Sensory Room

Must be no more than 10 words

28. Project Description *

Create a Sensory Room for young people with Autism and other Sensory Processing issues at Marrickville High School.

Must be no more than 100 words

29. Project Activities *

Disability access improvements

Select one or more options that best describe your project's activities. If 'other' please specify in the box provided.

30. Proposed start date of Project *

01/01/2016

Must be a date and between 7/8/2015 and 31/3/2017. Select the date using the calendar function attached to this question.

31. Proposed finish date of Project *

31/01/2016

Must be a date and between 7/8/2015 and 31/3/2017. Select the date using the calendar function attached to this question.

32. Total amount of grant funding requested *

\$4,131.00

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Must be a whole dollar amount. Please include the GST to be paid to suppliers / trades. Remember to include this figure in the Income Table on page 7 of this application form.

33. What is your organisation's cash contribution to this project?

\$0.00

Applications from Local Councils and Section 355 Committees must make a matching cash contribution to the project. Must be a dollar amount. Remember to include this in your responses on page 7 of this application form.

34. Have you applied for, received or been allocated funding for this project from another source? *

Have not applied to another funding source, go to Q36 below

Select most relevant option.

This section has been disabled because of your response to question: "34. Have you applied for, received or been allocated funding for this project from another source?" on page 4

35. If you have applied to another funding source and are waiting on the outcome, OR have received funds from another source to deliver this project, please name the source of funds or name the funding program, and describe what was sought. *

Answer this question if you have applied for funds and are waiting on the outcome OR if you have received funding from another source for this project. Must be no more than 200 words.

Location

Please tell us where your project is located. If you are unsure what Local Government Area or State Electorate your project is in, go to the NSW Electoral Commission and use the 'look up' function on their website, [click here](#).

Question 36 below, helps us locate your project. Please type in your address and either select the address from the pre-populated list that will appear, **OR** keep typing in your project's address. You can also position the pin on the map to where your project is located. This question uses 'Google Maps' information and provides us with coordinates for your project's location.

36. Project address or location *

Northcote St

Marrickville NSW 2204

Must be a NSW postcode. Where will the project take place? List the address where your project will be implemented.



-33.906294 | 151.156819

37. If your project is in a park, field or oval, please tell us its name

If applicable, please tell us the name of the park, field or oval where your project will be located

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38. Is the project on Council owned or managed land? *

No

If you are unsure please talk to your Local Council.

39. Local Government Area *

Marrickville Council

Please select the Local Government Area your project will be implemented in.

40. Project Electorate, select the NSW Government Electorate where your project is located *

Summer Hill

Select the NSW Government (State) Electorate where your project will be implemented. If you are unsure, you can verify this by going to <http://streetlist.elections.nsw.gov.au>

Target Group or Beneficiaries

Please tell us who the project beneficiaries will be.

41. Target group(s) or beneficiaries for the project *

People with a disability

Select one or more most relevant options, please ensure that the options selected are logical and relevant to your project. If 'other' please specify in the box provided.

42. Number of people targeted or likely to benefit from the project *

40

Estimate the number of people that are likely to benefit from the project or are being targeted by this project. Must be a number.

Project Preparation

Please tell us what project preparations your organisation has done so far.

43a. Have you secured the property owner's approval to implement the project? *

Yes, complete Q43b below

Select most relevant option.

43b. Upload - Copy of Property Owner's Consent

- [sensory room support letter.pdf](#) 241.9 kB

If you have secured the property owner's consent to implement the project, upload a copy of that consent here. Do not upload documents here that are not required. File size should be no larger than 5mb per attachment.

44. Does your project require a Development Approval from Local Council? *

No

If unsure, please talk with your Local Council to clarify if your project will require a Development Approval to be granted.

45a. Has a Development Approval been granted? *

No, not required

Select most relevant option. If unsure, please check with your Local Council. A copy of your Development Approval can be attached at Question 44b below.

45b. Upload - Copy of Development Approval granted for the project

No files have been uploaded

Upload here a copy of your project's Development Approval from your Local Council. Do not upload documents here that are not required. File size should be no larger than 5mb per attachment.

46a. Insurance - what insurance does your organisation have in place? *

Public Liability, complete Q46b below

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Other: Volunteers insurance

Select one or more relevant options. If 'other' please specify in the box provided.

46b. Upload - Copy of Public Liability Insurance Certificate of Currency

- [Certificate of Currency ANSVAR to May 2016.pdf](#) 137.2 kB

Upload here a copy of your Public Liability Insurance Certificate of Currency. Do not upload documents here that are not required. File size should be no larger than 5mb per attachment.

47a. Have you obtained quotes for your project? *

Yes, complete Q47b below

Select relevant option.

47b. Upload - Copy of quotes obtained

- [Marrickville HS Sensory Room Costing and Site Map.pages](#) 143.1 kB

Upload here a copy of any quotes you have obtained for your project to substantiate the funding amount sought. Do not upload documents here that are not required. File size should be no larger than 5mb per attachment.

48. Do you have any project partners for this project? *

Yes, confirmed

Select relevant option. If you do not have project partners, page 5 of this application form will not have to be completed. If your project partners are not yet confirmed, please tell us who they are likely to be and what their anticipated role will be on page 5 of this application form. If you have project partners and they are confirmed, please complete page 5 of this application form.

Project Partners

*** indicates a required field.**

Partners

Do you have any project partners? If yes, please provide details here. If you are yet to confirm project partners please tell us who they are likely to be here.

If you have more than 2 project partners please attach a list of further partners to this application form, telling us what their role and contribution to the project will be.

Uploads can be made on the last page of this application form.

Reminder:

Remember to SAVE your application form regularly.

49. Number of project partners? *

1

If you have project partners, please tell us how many you have. If you have 3 or more, you will need to attach a list of your project partners. If 'other' please specify in the box provided.

Partner 1

50. Partner 1 - Organisation *

Marrickville High School

51. Partner 1 - Contact *

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Mr William Lundon

52. Partner 1 - Address *

Northcote St
Marrickville NSW 2204 Australia

Must be an Australian post code. Street or postal address can be listed here.

53. Partner 1 - Phone *

(02) 9560 2208

Must be an Australian phone number (include the area code). Must be able to be used during daytime hours.

54. Partner 1 - Email Address *

william.lundon@det.nsw.edu.au

Must be an email address.

55. Partner 1 - role in partnership *

School Liaison

Please detail what the project partner will do during the implementation of this project.

56. Partner 1 - contribution to project *

The school are providing the venue and will provide access and support during the installation.

Please detail the financial or other contribution made by this project partner.

Partner 2

57. Partner 2 - Organisation

58. Partner 2 - Contact

59. Partner 2 - Address

Australia

Must be an Australian post code. Street or postal address can be listed here.

60. Partner 2 - Phone

Must be an Australian phone number (include the area code). Must be able to be used during daytime hours.

61. Partner 2 - Email Address

Must be an email address

62. Partner 2 - role in partnership

Please detail what the project partner will do during the implementation of this project.

63. Partner 2 - contribution to project

Please detail the financial or other contribution made by this project partner.

Project Objectives and Outcomes

*** indicates a required field.**

Reminder

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Remember to SAVE your application form regularly.

Objectives and how they are being achieved

This section relates to the objectives of the Program to:

1. Improve local community participation and cohesion through the delivery of social, environmental or recreational services or activities by enhancement of community infrastructure.
2. Improve opportunities for people from disadvantaged or otherwise isolated groups to be included in community activities.

All projects must address the following questions.

64. Describe how the project is working to improve local community participation and cohesion through the delivery of enhanced community infrastructure. *

A Sensory Room for Marrickville High School will enable the 40 students attending the Support Unit to participate more fully in the school community by giving them access to a space specifically designed to enable them to self-calm when frustrated by their inability to communicate or process sensory input. These young people are affected by Autism, Sensory Processing Disorders and Intellectual Disability which can impact on their learning, behaviour and social interactions at school and within the community. The Sensory Room is designed to develop the nervous system, through special lighting, music, and objects. It can be used as a therapy for children with limited communication skills, provide opportunity for de-escalation and crisis prevention and promote self-nurturance. Once calm, these young people can re-engage in learning and social activities provided within the school.

Must be no more than 200 words. This question relates to the first objective listed above.

65. Describe how the project is working to improve opportunities for people from disadvantaged or otherwise isolated groups to be included in community activities. *

Young people in the Support Unit participate in community access excursions weekly but many of them find these activities highly stressful as they are subjected to a range of sights, sounds, smells and tastes that they find very difficult to process. Having access to a Sensory Room will give these young people a place in which to wind down from the stress provoking activities involved in community access which will enable them to learn how to decompress, not just after school activities, but also after a day of shopping or going to the doctor with their family. Over time, access to the equipment provided will teach the young people that they can manage their own stress levels by engaging in calming activities like listening to music, swinging, bouncing or blowing bubbles.

Must be no more than 200 words. This question relates to the second objective listed above.

66. Please tell us why the project is needed *

Marrickville High School does not have a Sensory Room. Parents of young people with special needs are already overburdened financially and time-wise in the support of their children and do not have the resources available to assist the school in fundraising for this resource.

The Autism Community Network is currently supporting 79 families with Autism in the Sydney Local Health District. The ABS 2012 SCADS research study estimates an Autism prevalence rate of 0.5% (2,952) in this area. Currently, there is no government funded program where young people with ASD, SPD and ID can go to get access to the equipment that will be provided through the development of the Sensory Room. Access is only available through very expensive Occupational Therapy sessions which most families can only afford to access for 1 hour per fortnight. This project will increase access to 9am-3pm Mon-Fri for 40 young people, a substantial improvement and one which will be of great benefit for years to come.

Must be no more than 200 words.

67. Expected outcomes of the project *

Enhanced facilities and opportunities for healthy lifestyles

Enhanced community participation

Improved access for those with a disability

Select one or more options that are most relevant to your project. If 'other' please specify in the box provided.

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68. Employment generation - what will the project achieve? *

No employment is being generated by this project, in house skills and volunteers only
Select one or more relevant options.

69. Number of people likely to be employed as a result of this project

Number of tradespeople on a temporary basis and / or ongoing employment of staff generated as a result of this project.

Project Implementation

70. What strategies will you use to promote your project in the wider community? *

School based meetings

Select one or more relevant options. If 'other' please specify in the box provided. If you are using Social Media please complete Q71 below.

This section has been disabled because of your response to question: "70. What strategies will you use to promote your project in the wider community?" on page 6

71. If you are using social media, select the type from the list *

This question is conditional on your answer in Q70 above. Select one or more relevant options. If 'other' please specify in the box provided.

72. How will the project be managed? *

Accounting software

Accountant, Treasurer, Book Keeper, or Secretary

In-house project manager

Volunteer or in-kind project management

Select one or more relevant options that best describe how your project will be managed. If 'other' please specify in the box provided.

73. Do you have a risk management plan in place? *

Yes

Select relevant option.

74. How will you respond to issues as they occur? *

Consider the impacts on the project budget and timeframes

Develop a response plan

Discuss them with relevant parties / trades

Implement appropriate responses to the issues

Meetings

Talk with the grant program

Select one or more relevant options that best describe how your project will respond to issues as they occur. If 'other' please specify in the box provided.

75. How will the outcomes or results of the project be measured? *

Budget report

User Survey

Select one or more relevant options that best describe how your organisation will measure the results of your project. If 'other' please specify in the box provided.

76. How will you maintain your improved facilities once the project has been completed? *

Volunteer skills and in-kind contributions

Select one or more relevant options that best describe how your organisation will maintain the facilities once the project is completed. If 'other' please specify in the box provided.

77. Describe what capacity your organisation has to implement the project and ensure it is successful. *

The Autism Community Network has access to qualified professionals including Occupational Therapists that will continue to work with us on the implementation phase of this project. We will continue to liaise with Marrickville High School Support Unit staff to ensure that the needs of the school and students will be met.

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Describe what capacity your organisation has to implement the project and ensure that it is successful? Provide examples of where you have implemented other projects successfully. Must be no more than 200 words.

Financial Records

Please provide a copy of your organisation's financial statements (audited OR unaudited) for one of the last two financial years.

Financial Statements are being sought, as an indicator of 'organisational health and capacity'.

We do not require copies of receipts, invoices or details of individual expenditure. We are seeking a copy of your overall financial statements which includes statements regarding income and expenditure, assets and liabilities, statements presented to your organisation's last Annual General Meeting (AGM), or last year's Annual Report.

Please talk with your organisation's Treasurer or delegated Financial Officer to obtain the relevant information.

Refer to the Application Question Guide for further information, which can be found on the Program's [website](#).

78. Upload - Copy of recent financial records for your organisation

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

Refer to the above instructions. File size should be no larger than 5 mb per attachment.

Project Budget

*** indicates a required field.**

Reminder

Remember to SAVE your application form regularly.

Budget Tables - Instructions

The amount sought from the Community Building Partnership Program, detailed in the Income Table below should match the amount specified in Q32, on page 4 of this application form.

Please ensure that you include the GST that you will be charged by suppliers or trades in the grant amount you are seeking from the program (Income - Table A).

Also include the GST you will be charged by suppliers and trades in your expenditure table, Table B below.

Your total cash expenditure should not exceed your cash income. If your budget does not balance, please ensure that you review your budget and project expenses.

A. Income Table (Cash)

Add additional rows if required.

Income	\$ Amount *
Amount of funding sought from this program. Equals answer in Q32	\$4,131.00
Cash contribution from Local Council	\$
Cash contribution from other State Government sources	\$

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Cash contribution from Federal Government sources	\$
Cash contribution from your organisation. Equals answer in Q33	\$
Cash contribution from other sources	\$
	\$
Funding sought from this program, plus details of cash income from all other sources.	Must be a whole dollar amount

Total Cash Income

The below amount is calculated for you based on your responses in the Income Table (A) above.

Total Income Amount

\$4,131.00

B. Expenditure Table (Cash)

List all related cash expenditures and costs by line item (eg. labour, materials, events / promotion, wages and on-costs, admin and other associated project costs).

Refer to the Program's Guidance Notes for information on what is eligible for funding.

Your total cash expenditure should equal your total cash income.

Add additional rows if required.

Expenditure *	\$ Amount *
Curtains, rug, lamps	\$1,200.00
Crash mat, hammock, sound system	\$900.00
Occupational Therapist, Electrician, Handyman	\$800.00
Foam mattress, cover, canopy, weighted blanket	\$484.00
Music CD's and sensory equipment	\$747.00
Expenditure of cash on all items.	Must be a whole dollar amount

Total Cash Expenditure

The below amount is calculated for you based on your responses in the Expenditure Table (B) above.

Total Expenditure Amount

\$4,131.00

C. In-kind Contribution Table

Applicant's in-kind contribution (eg. materials, fees and charges waiver, volunteer labour etc). Please detail the equivalent cash value of all in-kind contributions.

Add additional rows if required.

In-kind Contribution	\$ Equivalent Value
ACN volunteers x 50 hrs @ \$20/hr	\$1,000.00
Marrickville High school staff time 20 hrs x \$40/hr	\$800.00
(Insert details of in-kind contribution)	\$

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(Insert details of in-kind contribution)	\$
In-kind contribution by item	Must be a dollar amount as an equivalent value

Total In-Kind Value

The below amount is calculated for you based on your responses in the In-kind Expenditure Table (C) above.

In-kind Value - Total Equivalent

\$1,800.00

Must be a dollar amount. This number/amount is calculated.

Uploads, Checklist and Declarations

*** indicates a required field.**

Reminder

Remember to SAVE your application form regularly.

Your application form will not be officially submitted until you 'review AND submit' your application form, having completed all the required questions.

Uploads and Checklists

Upload any required documents in this section.

Upload all relevant documents

No files have been uploaded

If you have already uploaded certain documents to this application there is no need to attach them a second time. Do not upload documents that are not required. File size should not be larger than 5 mb per attachment.

What documents have been uploaded

Property owner consent

Public Liability Insurance Certificate of Currency

One or more quotes for the proposed works

Select one or more relevant options, upload and attach to this application only what is relevant. If 'other' please specify in the box provided.

Application Checklist *

I have the appropriate authority from my organisation to submit this application on its behalf

I have read the Program's Guidance Notes and Application Question Guide

I have uploaded all relevant attachments

I have proof read / reviewed this application and checked the project budget

I understand my organisation is responsible for obtaining any necessary property owner's consents

I understand my organisation is responsible for obtaining any necessary planning advice or approvals for the project from relevant planning authorities

I understand that if successful in securing a grant, the project must be completed and acquitted by end March 2017

All 7 choices must be selected. Check off all of the above, confirming that you have undertaken the above actions and acknowledge program requirements prior to submitting your application for funding.

Disclaimer

Submission of an application does not guarantee funding. The cost of producing an application is borne by the applicant. The grant giving agency reserves the right to withdraw funding. Applicants should ensure that they have read all relevant program materials in order to be fully informed about the program's requirements.

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Use of Information

Information received in applications for funding is treated as confidential. However, documents held by the grant giving agency are subject to the Government Information (Public Access) Act 2009. This means that the information contained in application forms and other relevant documents may be released in response to a request lodged under this Act.

In order to adequately assess applications for funding and implement the funding program, information contained in the application and its attachments may be shared with delegated officers of the grant giving agency or shared with other government agencies should it be deemed appropriate.

Should this project be successful, the following information will be made public: the name of the organisation (applicant), project title, project description, location of the project and the amount awarded to the project.

Applicant's Declaration

I declare that all information provided as part of this application including the attachments is true and correct, and that I am authorised to submit this application to the Community Building Partnership Program on behalf of the applicant organisation.

I understand that the information contained within this application may be disclosed to other government agencies, reviewers and assessors, agency staff assisting in program administration or used during the promotion of the Community Building Partnership Program.

Declaration Agreement *

I agree with the above applicant declaration

Authorised person submitting application *

Mrs Claudia Walters

Position of person submitting application *

Strategic Manager

Email address of person submitting application *

claudia@autismcommunity.org.au

Must be an email address

Daytime phone number of person submitting the application *

0420 669 281

Must be an Australian phone number (include the area code) as the Community Building Partnership Program may need to contact you regarding the application. The phone number must be able to be used during daytime hours.