

The Beach Club Collaroy - Category 1

Category 1

Application csbc00033 from Claudia Stevens

Instructions to Applicants

Warringah Local Committee Category 1

The Beach Club Collaroy

Getting Support

Contact us on 9971 5355 during business hours or email rob.m@thebeachclub.com.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

Organisation

Exact Name of Organisation* Autism Community Network
Exact name of the incorporated organisation.

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ABN 64 103 662 535

Information from the Australian Business Register

ABN	64 103 662 535		
Organisation Name	Autism Community Network		
Type of Organisation	Other Incorporated Entity		
Is registered for GST?	Yes		
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		

Information current as at 12:00am today

Postal Address* 68 Melvin Street,
Beverley Hills NSW 2209

General Email Address* info@autismcommunity.org.au

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* Funding Coordinator

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

Contact Person 1 Tel* 0420 669 281

Contact Person 1 Fax

Contact Person 2 (optional)

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

Contact Person 2 Name Mr Steve Drakoulis

Contact Person 2 Position/Title President

Contact Person 2 Email president@autismcommunity.org.au

Contact Person 2 Tel 0431 724 229

Contact Person 2 Fax

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Project Overview

Project Name* Warringah Autism Community Building project

Please provide a short outline of your project*

Warringah Autism Community Building project will provide 11 support group meetings and 2 pilot activity days for families with children on the autism spectrum in the Warringah area. These sessions will engage our 27 member families in discussions about priorities for their children, identifying gaps in service provision and supporting them to gather the resources required to improve quality of life for their children, their families and the community at large. These groups will also provide a place for parents and carers of newly diagnosed children to gain information and support.

Word Limit: 100

Project Sponsors (if applicable)

Manly Warringah Rugby League Club has been approached to provide a space for our monthly meetings as an in-kind support.

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

Local Government Area N-P

Local Government Area Q-V

Local Government Area W-Y Warringah

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 Activities

Target Group

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

How many local residents will your project benefit?

Recipients* 27 existing families + additional families of newly diagnosed children

Volunteers* 2

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If you expect indirect beneficiaries, who might they be?

Schools, the health system and the general community as parents and carers increase their skills and knowledge to assist their children to participate more fully in community life with improved longterm behaviour, communication, education and health benefits.

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

1. Improved knowledge of and access to existing services.
2. Increased knowledge of the needs of children on the autism spectrum in the Warringah LGA.
3. Participant involvement in the development of new resources and/or activities that meet the needs of children on the autism spectrum in the Warringah LGA.
4. Reduce isolation and feelings of helplessness for families with children on the autism spectrum including people of NESB.
5. Better quality of life for children and young people on the autism spectrum and their families.

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)?*

1. Information shared about existing services during sessions and via website.
2. Survey conducted and anecdotal information gathered about the needs of children on the autism spectrum in the Warringah LGA.
3. Project ideas generated, developed and implemented by participants.
4. Participant feedback regarding improved connectedness and empowerment.
5. Child/youth feedback and Parent/carer assessment of impact on quality of life for affected individuals

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 followed up after completion? How?

The project will establish need and identify/pilot key activities to be undertaken longterm. This information will assist us in lobbying for core funding through ADHC to implement an ongoing program for children on the autism spectrum and their families in the Warringah area.

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

Our website and on-line Common Grounds groups provide avenues for families to be connected with the information and support provided by the Network. The project will identify leaders/volunteers that can continue to link families together through informal social processes after the end of the project. In addition, we intend to make application for core funding through ADHC to enable ongoing service provision. We also plan to engage our community in fundraising efforts to ensure sustainability longterm.

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 Yes

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from anyone else?*

If yes, please provide contact details

We will continue to link in with local service providers (i.e. schools, doctors, community centres, therapists) regarding referral into and out of the project.

Manly Warringah Rugby League Club has been approached to provide space for our monthly meetings as an in-kind contribution.

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?

Positive Partnerships run a six week program. It is one of our main referral points as families generally need continued access to information and support on an ongoing basis, particularly in the first few years after diagnosis and then as different challenges face them over time.

Is this program, project or service already assisted by an existing Government funding program?* Yes

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

This project was assisted by Warringah Council in its first phase during 2012-2013 when its focus was in establishing contact with families and service providers in the Warringah LGA. Warringah Council do not fund consecutive years of service provision by an organisation.

Funding Sources

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

\$4830

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 project provides 11 sessions (1/month excluding January). This can be changed to quarterly on a pro-rata basis however we believe that 1 session per month is a minimum to build group cohesion.

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 may apply to Manly Clubs funding in order to maintain a group in the region if we fail to secure support through Warringah. We only have 6 families in the Manly area at present however as opposed to 27 in Warringah and we are concerned that a change of venue may affect access for some members.

See signed declaration at the end of the application form.

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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?

Approximately 27.3% of the funds requested would be spent in the Warringah Local Government 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?

2012 - Hurstville \$4,804; Canterbury \$4,804

Both projects were for outreach to newly diagnosed families in their respective LGA's, plus a monthly support group, production of communication tools and training for Board members.

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*

Income Description	\$	Expenditure Description	\$
Warringah Clubs grant	\$4,830.00	Coordinator 11 sessions x 4hrs (1hr prep, 1hr travel, 2hr session) x \$50	\$2,200.00
Manly Warringah Rugby Leagues Club in-kind donation of venue 11 sessions x \$75	\$825.00	Resources, fees and/or contractors 2 sessions x \$550	\$1,100.00
ACN volunteers in-kind 2 sessions x 10hrs x \$30	\$600.00	Travel 11 sessions x 73.6kms x \$0.63	\$510.00
	\$	Phone, web, post	\$300.00
	\$	Printing	\$300.00
	\$	Insurance	\$200.00
	\$	Catering 11 sessions x \$120	\$220.00
	\$	Manly Warringah Rugby Leagues Club in-kind donation of venue 11 sessions x \$75	\$825.00
	\$	ACN volunteers in-kind 2 sessions x 10hrs x \$30	\$600.00

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	\$6,255.00	\$6,255.00
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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 applicants with a cheque, please advise as to who the cheque should be made out to for this purpose?*

Please provide either:

- a) Your organisation's bank details, or
- b) Your auspice's bank details, if your application is being auspicied.

Account Name Autism Community Network Inc

BSB 062234

Account Number 10417253

Documentation

Please attach your latest annual report

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

Please include an audited financial statement

- [ACN - 2012 Balance Sheet.pdf](#) 40.9 kB
- [ACN - 2012 Profit & Loss Summary.pdf](#) 61.0 kB

Please attach letters of support here

- [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

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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* Ms Claudia Stevens

Position* Funding Coordinator

Date* 28/03/1913