

Local Grant



Application Form

Instructions

Please read carefully:

- Read this application form in full before you start filling it in. It is easier to complete an application if you have the information you need at your fingertips.
- If there's anything on this form you're not sure of, please contact the Governance team at DDI (09) 401 5231, freephone 0800 920 029, or governance@fndc.govt.nz – we're happy to help.
- Please see Section 1 of the Community Grant Policy to ensure you are eligible.
- All applications are to be submitted 15 clear working days prior to the Community Board meeting where the application will be considered.
- **Incomplete, late, or non-complying** applications will not be accepted.
- Applicants who have failed to complete a Project Report for previous funding granted within the last five years are not eligible for funding.

The following **must** be submitted along with this application form:

- ☒ Signed applicant declaration
- ☒ Two quotes for purchases where practicable, **or** evidence of expected purchases
- ☒ Business plan (if applicable) including project costs *Package + budget*
- ☒ Details of all other funding secured or pending approval for this project (minimum 50%)
- ☒ Programme outline (if applicable)
- ☒ A health and safety plan (if applicable)
- ☒ Most recent financial statements / annual accounts
- ☒ A deposit slip

Applicant details

Organisation	Children's Autism Foundation		Number of Members	4770
Postal Address	PO Box 301 220, Albany, Auckland		Post Code	0630
Physical Address	Lion Foundation House, 3 William Laurie Place, Albany, Auckland		Post Code	0630
Contact Person	Lynn Morrison	Position	Accounts & Office Manager	
Phone Number	09 415 7406	Mobile Number	0276715140	
Email Address	headoffice@autism.org.nz			

Please briefly describe the purpose of the organisation.

To provide direct support to families of autistic children by providing them with professional advice and services to manage the emotional and practical impacts of autism. CAFE also provides education and understanding of autism through community workshops and professional development seminars to schools, health professionals and organisations.



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Project Details

Which Community Board is your organisation applying to (see map Schedule A)?

☒ Te Hiku ☐ Kaikohe-Hokianga ☐ Bay of Islands-Whangaroa

Clearly describe the project or event:

Name of Activity Date
Location Time

Will there be a charge for the public to attend or participate in the project or event? ☐ Yes ☒ No

If so, how much?

Are you applying for annual funding for the remaining years of the triennium¹? ☐ Yes ☐ No

If so, how much?

Outline your activity and the services it will provide. Tell us:

- Who will benefit from the activity and how; and
- How it will broaden the range of activities and experiences available to the community.

<p>PROPOSAL Kaitia Workshops and Clinic 9 - 10 November 2018 One full day Hands On Autism Community workshop One 1/2 day Autism Workshop + 3 hours clinic Outreach support for individual families Follow-up support is available by phone, email, skype.</p> <p>Our Family Consultants have been visiting Northland, once a term for the past 2 years. We have held workshops in several small towns and those who attend really appreciate the opportunity to attend workshops and book in for an individual Outreach family support appointment with one of our Family Consultants.</p> <p>CAF has embraced Maori values of tikangī maori, respect, consultation and cooperation and applies these values to how they work with all people. We emphasise a family/whānau directed approach, encouraging whānau and communities to identify their own needs and work alongside them to enable and empower. This results in resourceful people who, with greater understanding, often find their own solutions to difficulties.</p> <p>Children's Autism receives no direct government funding to provide services. The outcomes and benefits from what people learn at our workshops include the following:</p> <ul style="list-style-type: none"> • Families are informed and able to discuss specific concerns and strategies. • Families request assistance at times of crisis and are helped to problem solve • Families gain confidence to help their child through transitional periods • Families build resilience and are empowered to manage challenges • Assistance to access other support services • Young people learn, social skills, how to cope with sensory issues and reduce anxiety • Young people gain confidence and strategies, enabling them to be included in school and community. • Strengthen relationships. • Youth participate and contribute to society • Communities have a greater understanding of those with autism • People working together to better support children and youth with autism. • Inclusion and acceptance of difference is enhanced in communities 	<p><i>See attached Description.</i></p>
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¹ The triennium refers to the three-year period between local elections.

CHILDREN'S AUTISM FOUNDATION WORKSHOPS & CLINIC PACKAGE (NORTHLAND)

NORTHLAND WORKSHOPS 30 – 50 participants per day

Children's Autism Foundation offer a one full day Hands On workshop and one half day workshop to promote a greater awareness and understanding of Autism in children and youth, with a focus on practical strategies. The workshops cover the most common issues of autism for families, communities and people working with and caring for autistic children. Themes covered are; Understanding Autism, Strategies for Behaviour, Sensory & Food, Social Skills, Dealing with Anxiety and Everyday Transitions. The workshop is interactive, family's value meeting others to share resources and experiences. This networking reduces isolation, builds resilience and results in people working together to better support children and youth.

Our professional facilitators implement the most recent and evidence based research in their presentations. They regularly review and update the content - informed by feedback and research.

Family, Whanau and Community members who attend Children's Autism workshops report that: They have a greater understanding of how autism affects their child. They learn practical skills and strategies for managing the impact of autism on their child. These skills make for happier families and children who are better able to participate in community activities and learning, recreation and social environments.

Following are feedback comments from previous participants at Hands On Workshops in Northland 2017-2018.

From Kaikohe Workshop June 2018 *"Thank you for coming up and delivering such an amazing programme. The way you interact and get to know the parents in such a short amount of time is just incredible! It can be really 'draining' when you are working with so many parents and children but you guys have such passion and enthusiasm (that is sometimes missed in other agencies and organisations). I can see what you all do really makes a difference to the lives of the people you interact with."*

"The programme was very well presented and the ladies were a wonderful help."

"As a grandparent I will be more aware of their problems and life in general. When we are with our grandchild we will have more awareness on how he is facing up to life in general."

"I have learnt a lot more about what my daughter is dealing with on a daily basis. I learnt that I need to give my child time to process information and give clear precise instructions."

CLINICS for individual families (1 hour consult with follow-up as required)

During 2018 CAF has introduced clinic appointments for families in Northland. Following our workshop families can book a one hour consult with one of our Family Consultants. This has proved very popular for people in Northland who appreciate learning skills to manage the impact of autism on their child. There is often significant impact on siblings and all relationships when families are under stress. Our Family Consultants can offer support on a number of issues and having met the family are often called on to follow-up by phone, email or skype. This reduces isolation and makes intervention possible for rural families who don't have ready access to the support they need when they need it.



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Project Cost

Provide a detailed costs estimate for the activity. Funding requested may not exceed 50% of the total cost.

Total Cost - provide the **total** amount of the estimated quoted cost against the appropriate item.

Amount Requested - provide (against the item) the amount the Board is being requested to contribute.

Please Note:

- If your organisation is GST registered, all requested amounts must be GST exclusive.
- Do not enter cents – round the values up or down to the nearest dollar
- Do not use the dollar sign (\$) – just enter the dollar value
- If you are applying for operating costs of a programme, please attach a programme outline

Expenditure	Total Cost	Amount Requested
Rent/Venue Hire	400.00	400.00.
Advertising/Promotion	189.70	
Facilitator/Professional Fees ²	1760.00	1760.00.
Administration (incl. stationery/copying) <i>printing</i>	211.08	
Equipment Hire - <i>Car rental</i>	534.95	
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments	170.31	
Travel/Mileage <i>590 km = 54 litres petrol</i>	78.96	78.96.
Volunteer Expenses Reimbursement		
Wages/Salary	3814.	not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) <i>Accommodation 3 nights</i>	730.43	730.43.
TOTALS	7889.43	2969.39

² If the application is for professional or facilitator fees, a job description or scope of work must be attached.

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Financial Information

Is your organisation registered for GST? ☒ Yes ☐ No GST Number

What are your organisation's currently accessible financial resources?

How much of this is tagged or committed for specific purposes?

List the purpose and the amounts of money already tagged or committed (if any):

Purpose	Amount
Unspent funding with conditions	61,018
Current liabilities	15,025
TOTAL	76,043

Please list details of all other funding secured or pending approval for this project (minimum 50%):

Funding Source	Amount	Approved
Pub Charity	130604.00	Yes / Pending
		Yes / Pending
		Yes / Pending
		Yes / Pending
		Yes / Pending

Please state any previous funding the organisation has received from Council over the last five years:

Purpose	Amount	Date	Project Report Submitted
None from Far North Council			Y / N
Auckland Council Local Boards have supported CAF with funding for services in Auckland.			Y / N
			Y / N
			Y / N



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Privacy Information

The information you have provided on this form is required so that your application for funding can be processed. Once this application is lodged with the Council it becomes public information and may be made available on the Council's website. **If there is sensitive information in the proposal or personal details you wish to be withheld, please advise.** These details are collected to inform the general public and community groups about all funding applications which have been submitted to the Far North District Council.

Applicant Declaration

This declaration must be signed by two people from your organisation who are 18 years of age or older with the authority to sign on behalf of the organisation. Signatories cannot be an undischarged bankrupt, cannot be immediately related, cannot be partners, and cannot live at the same address. They must have a daytime contact phone number and be contactable during normal business hours.

On behalf of: (full name of organisation)

Children's Autism Foundation

We, the undersigned, declare the following:

In submitting this application:

1. We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.
2. We acknowledge and agree that the Far North District Council may disclose or obtain information related to the funding of the organisation from any other government department or agenda, private person, or organisation.
3. We have attached our organisation's most recent statement of income and expenditure, annual accounts, or other financial documents that demonstrate its ability to manage a grant.
4. Individuals associated with our organisation will not receive a salary or any other pecuniary gain from the proceeds of any grant money arising from this application.
5. The details given in all sections of this application are true and correct to the best of our knowledge, and reasonable evidence has been provided to support our application.
6. We have the following set of internal controls in place:
 - Two signatories to all bank accounts (if applicable)
 - A regularly maintained and current cashbook or electronic equivalent
 - A person responsible for keeping the financial records of the organisation
 - A regularly maintained tax record (if applicable)
 - A regularly maintained PAYE record (if applicable)
 - The funding and its expenditure shown as separate entries in the cash book or as a note to the accounts
 - Tracking of different funding, e.g. through a spreadsheet or journal entry
 - Regular financial reporting to every full meeting of the governing body



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We agree to the following conditions if we are funded by Local Community Grant Funding:

1. To uplift any funding granted within 3 months of the date on the letter of agreement. Failure to do so will result in loss of the grant money.
2. To spend the funding within 12 months of the date of grant approval unless written approval for an extension is obtained from Council before that 12 month period ends.
3. To spend the funding only for the purpose(s) approved by Far North District Council unless written approval for a change of purpose(s) is obtained **in advance** from the Community Board.
4. To return to the Far North District Council any portion of the funding that we do not spend. If our payment includes GST we will return the GST component of the amount to be returned.
5. To acknowledge the receipt of Community Board funds as a separate entry in our accounts, or in a note to our accounts, in our organisation's annual report.
6. To acknowledge any financial contribution from Far North District Council on signage and in any publicity relating to the project. Contact Governance Support for digital imagery.
7. To make available any files or records that relate to the expenditure of this funding for inspection if requested by the Far North District Council or its auditors.
8. To complete and return a Project Report within **two months** of the end of the project, or, if the activity is ongoing, within two months of the funding being spent. Applicants who fail to provide a project report within this timeframe will not be considered for funding for stand-down period of five years.
9. To inform the Far North District Council of significant changes in our organisation before this application has been considered, or the funding has been fully used and accounted for (such as change in contact details, office holders, financial situation, intention to wind up or cease operations, or any other significant event).
10. To lay a complaint with the Police and notify the Far North District Council immediately if any of the funding is stolen or misappropriated.

Signatory One

Name PAUL GREGORY Position CHAIR

Postal Address 34 FANLOUT STREET, MEADOWBANK Post Code

Phone Number 021 274 9994 Mobile Number

Signature [Signature] Date 21/8/18

Signatory Two (if applicable)

Name HELEN MILMINE Position TREASURER

Postal Address 4, SAMPLE ROAD, ALBANY Post Code 0632

Phone Number 021 1130 443 Mobile Number

Signature [Signature] Date 21/8/18