

# WYONG - ClubGRANTS Local Committee

## 2017 Category 1 - Application Form

### Application CG 035 2017 From Central Coast ARAFMI Incorporated

## Instructions to Applicants

Former Wyong LGA Local Committee

### Getting Support

Contact us on 02 4350 5383 during business hours or email [KMatthews@centralcoast.nsw.gov.au](mailto:KMatthews@centralcoast.nsw.gov.au) and quote your application number.

If you need more help using this form, download the online 'how to' [Help Guide for Applicants](#) or review the [ClubGRANTS Application Guide](#).

### Navigating (moving through) the application form

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to move directly to the page you want.

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

If you wish to leave a partially completed application, press 'save' and log out. When you log back in and click on the 'My Submissions' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download' button at the bottom of the application navigation panel.

You should ensure you are saving your application frequently. Each time you navigate to a new page, the previous page is saved automatically. However, if you lose power or you lose internet connection for example, you may lose any changes you have made, so save often!

### Submitting your application

You will find a **Review and Submit** button at the bottom of the Form Navigation Panel on every page. Once you have reviewed your application you can submit it by clicking on 'Submit' at the top of the 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 'confirmation' email with a copy of your submitted application attached. This will be sent to the email address you used to register.

### **If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.**

### 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, or on a storage device.

You need 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 – the larger the file, the longer the upload time.

If you are not able to upload a document, please contact us for support (see above)

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#### 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.

#### Spell check

Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

**All questions marked with \* are compulsory. You are unable to submit your application unless all compulsory questions have been answered.**

## Applicant Details

\* indicates a required field

### Organisation

#### 1. Exact Name of Organisation \*

Central Coast ARAFMI Incorporated  
Exact name of the incorporated organisation.

#### 2. ABN

93 612 028 088

Information from the Australian Business Register	
ABN	93 612 028 088
Entity name	Central Coast ARAFMI
ABN status	Active
Entity type	Other Incorporated Entity
Goods & Services Tax (GST)	Yes
DGR Endorsed	Yes (Item 1)
ATO Charity Type	Charity <a href="#">More information</a>
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	2251 NSW
Information current as at 12:00am today	

#### 3. Postal Address \*

21 Bellbowrie Ave  
Narara NSW 2250

#### 4. General Email Address \*

ccarafmi@bigpond.net.au

### Status

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**5. Is your organisation a not-for-profit organisation? \***  Yes  No

**6. Is your organisation incorporated? \***  Yes  No

**6.1 If yes, please indicate which form of incorporation \***  Company limited by guarantee  
 Co-operative  
 Incorporated Association

Contact Person(s)

**Contact Person 1**

*Organisation / Program Manager or main voluntary organiser*

**7. Contact Person 1 Name \*** Ms Rhonda Wilson

**7.1 Contact Person 1 Position/Title \*** Manager

**7.2 Contact Person 1 Email \*** [ccarafmi@bigpond.net.au](mailto:ccarafmi@bigpond.net.au)

**7.3 Contact Person 1 Tel \*** (02) 4323 7731

**7.4 Contact Person 1 Fax**

**Contact Person 2 (optional)**

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

**8. Contact Person 2 Name** Mr

**8.1 Contact Person 2 Position/Title**

**8.2 Contact Person 2 Email**

**8.3 Contact Person 2 Tel**

**8.4 Contact Person 2 Fax**

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### Project Overview

\* indicates a required field

**9. Project Name \*** Hearing Voices Project

**10. Please provide a short outline of your project \***

This project will act as a springboard for those with a lived experience of mental illness to pursue training, employment, financial independence and community involvement.

This will enable local community members (who have a lived experience of hearing voices) be supported in designing and delivering projects.

Education, training and support will be provided as well as mentoring to develop the skills to raise mental health awareness. Forums and workshops will be held in a variety of community settings and participants will represent and demonstrate the values of recovery whilst demystifying the illness.

Word Limit: 100

**11. What is the primary Local Government Area in which your project is taking place? \***

Wyong

### Funding Sources

\* indicates a required field

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

\$8,057.00

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.

**13. Can your project be broken into smaller sections for part funding? \***

Yes  No

**14. Have you applied, or do you intend to apply to any other registered club or funding body for this project? \***

Yes  No

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**15. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area you have applied for? \***

Yes  No

## Community Priority Needs

\* indicates a required field

**16. 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
- A2 - child protection/child care
- A3 - counselling services
- A4 - aged, disability or youth services
- A5 - victims of natural disasters
- A6 - volunteer emergency services
- A7 - veteran welfare services

### Community Development:

- 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

### Community Health Services:

- 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

### Employment Assistance Activities:

- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme

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

Facilitated Peer-Led Hearing Voices groups in the Wyong LGA will enable local community members to be empowered by the acknowledgement of their expertise( lived experience of hearing voices) Exchange of information will provide the design and delivery of the program. Equally important, and a by-product of this grant will be the breaking down community stigma relating to mental illness and hearing voices.

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General population studies show that 10% to 40% of the non-psychiatric population hear voices at some point in their lives. Due to the impact of their illness and social stigma, they have become a socially and economically marginalised group. This project is about knowledge gathering, hope and empowerment. We aim to increase community ownership, reduce stigma and add a sense of inclusion and participation. Through education, training and support, those who hear voices can participate meaningfully in society- and in this case, as leaders and ambassadors. They will receive mentoring to develop the skills that will allow them raise mental health awareness.

There is evidence of long-term recovery for around half of people distressed by their voices, enabling them to live meaningful lives and function to a degree considered normal by most people.

- To support a self-help group in Wyong, where voice hearers can talk freely about their experiences.
- To support the community of carers, to understand, learn and grow from the information they receive by using the principles, developed through this project.
- To provide training to mental health professionals to help challenge long held beliefs.
- To encourage hope that recovery and flourishing is possible.

Through education and resource sharing, we aim to increase the levels of awareness and support for those who hear voices. Greater connectedness across the community in general will be achieved because when we empower the most vulnerable in our community- we all reap the benefits.

Word Limit: 300. Note: You will need to evaluate and report on your project against these outcomes.

## Target Group

\* indicates a required field

### 18. Who will your project benefit? \*

- Children (0-14yrs)
- Young people (15-24)
- Women
- Families
- Older people (55+)
- People from non-English speaking backgrounds
- Aboriginal & Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

### 19. How many local residents will your project benefit or involve?

**Number of Recipients \*** 40 +

**Number of Volunteers \*** 10

Please list any other project beneficiaries:

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## Other beneficiaries

### 20. Please list your desired project outcomes \*

The mental health community will:

Have a network established in the Wyong Shire.

An increased cohort of facilitators established.

2 day forum.

6 training session and ongoing supervision.

Increased resources.

Stronger social networks.

Voluntary/paid work

Increased knowledge

Reduce stigma

### 21. How will you assess whether or not these outcomes have been achieved? \*

Pre and post surveys for participants.

Pre and post follow up contacts (formal and informal)

Facilitators evaluations and recommendations.

Reflection on goals and expectations from network members.

Written and verbal feedback from the program mentors and supervisors.

## Project Schedule and Sustainability

\* indicates a required field

### 22. What is the proposed commencement date and completion date for the project?

**Start \***

15/06/2017

Must be a date

**Finish \***

12/10/2017

Must be a date

Should you wish to upload a project timeline, please do so here:

**Project Timeline**

*No files have been uploaded*

Max 25mb

### 23. Is the project a one-off initiative or will it require funding in future years? \*

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Once the network is established and facilitators training complete the group will be self supporting and sustaining. The success of this project will enable any future support to be obtained.

#### **24. What are your plans to ensure that the benefits of the project will be sustained?**

Throughout the program participants as well as new members will have gained increased skills and strategies to maintain a network of community. Continuing evaluation will enhance and expand responsiveness to the needs of the community.

Raising community awareness and cooperation from supporting services will redefine responses and increase available resources.

With cooperation across NSW the CC Network will be a leader in this virtually untapped area of expertise.

Word limit: 300 maximum

## Partnerships

\* indicates a required field

#### **25. Are you working with other partners in this project, or have you asked for support from anyone else? \***

- Yes
- No
- Not Known

#### **26. Is anyone else doing a similar project in this LGA with your target group? \***

- Yes
- No
- Not Known

#### **27. Is this program, project or service already assisted by an existing Government funding program? \***

- Yes
- No
- Not Known

#### **27.1 If yes, please state which program and describe the support that is provided: \***

The Yakkalla program run by ARAFMI receives funding from FACS to employ a 30hr worker to run social and recreational activities for people whose lives have been affected by mental illness. The hearing voices project has not received any funding for its establishment,



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Previous Funding & Budget

\* indicates a required field

**28. Has your organisation received funding from the ClubGRANTS (formerly CDSE) program before? \***

Yes  No

**28.1 If yes, please provide details of any previous funding in the table below of:**

Note: Organisations that have not submitted their report / progress forms should not be considered for further funding.

Year Received	Amount Received	Purpose of Funding	Report Submitted
2016 *	\$10,342.98 *	Young Carers Respite program *	No *
			Yes
	Total: \$10,342.98		
	Must be a dollar amount		

Project Budget

**29. Please complete the following project budget for your proposal**

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

Income Description	\$	Expenditure Description	\$
		Forum facilitators 1 & 2	\$2,687.00
		Training facilitators x 6	\$2,740.00
		Network Launch	\$650.00
		video evaluation	\$300.00
		Workshop materials	\$460.00
		Venue hire	\$840.00
		Advertising	\$380.00
			Total: \$8,057.00

**29.1 Please attach two quotes for each capital item costing \$1,000 or more.**

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**Attach quotes here:**

*No files have been uploaded*  
Max 25mb

## Banking Details

\* indicates a required field

**30. 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? \***  
Central Coast ARAFMI

**31. Please provide either:**

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

**Account Name: \***

Central Coast ARAFMI

**BSB: \***

082574

Must be no more than 6 characters

**Account Number: \***

525071346

## Documentation

**32. Please attach your latest annual report:**

*No files have been uploaded*  
Max 25mb

**33. Please include an audited financial statement:**

*No files have been uploaded*  
Max 25mb

**34. You may wish to upload a letter of support or endorsement from a previous funder or from a third party. Please note this is optional:**

*No files have been uploaded*  
Max 25mb

## Declaration

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\* indicates a required field

#### **Conditions, Privacy, Data Use, Consent and Authority**

##### **Funding Conditions**

If your application for funding is successful you will be required to:

- 1.Ensure that your organisation does not accept funding or the equivalent in-kind support 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 progress reports in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for projects receiving funding or the equivalent in-kind support valued at over \$5,000).
- 4.Complete a Standard Funding Report Form at the end of the project in the form and according to the timelines described in the Offer of Funding (including a Statutory Declaration for grants or in-kind support valued at over \$5,000).
- 5.Enter into a formal contract with the sponsoring Club where an individual grant for ClubGRANTS funding or equivalent in-kind support exceeds \$10,000.
- 6.Regularly communicate with the funding Club/s and ClubGRANTS Local Convenor regarding the progress of your project, including facilitating any on-site visits that may be requested in order to further the funder's understanding of the project.
- 7.Abide by any other conditions that may be placed on the funding of the project (including but not limited to collaboration with other relevant local projects or activities), as stipulated in the Offer of Funding.

Although care is taken to ensure that the information regarding the ClubGRANTS scheme is correct at any given stage of the ClubGRANTS process, the granting organisation cannot guarantee and assumes no legal liability or responsibility for the accuracy, currency or completeness of the information provided.

##### **Privacy Statement**

This privacy statement is a requirement of section 10 of the *Privacy and Personal Information Protection Act 1998 (NSW)*.

Some of the information in this application is personal information. This information is required to assess your application for grant funding from registered clubs and to communicate with you about this application and any resulting funding. The information will be used by the ClubGRANTS Local Committee to which you are applying and ClubsNSW staff, and may also be shared with trusted contractors or consultants appointed by them for a particular task, or by persons or entities who may have a legal entitlement to such information or when so directed by a court order. The information will be retained by ClubsNSW and stored on an Our Community (operator of SmartyGrants) server.

##### **Data Use**

The Applicant acknowledges and consents to:

- 1.The information supplied in this application being stored by Our Community (operator of SmartyGrants) and made available to ClubsNSW and the subject ClubGRANTS Local Committee for the purpose of assessing the application and associated administration purposes;
- 2.The ClubGRANTS Local Committee and/or ClubsNSW referring the contents of this application (as necessary) to external experts and other Clubs or grantmakers for the purpose of assessment, reporting, advice, comment, benchmarking, streamlining, trend analysis, or for discussions regarding alternative or collaborative funding opportunities.

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3.The information supplied in this application being used by ClubsNSW, in isolation or in aggregate, for any purpose, including:

- 1.To quantify the social contribution made by Clubs in the making of grants; and
- 2.To advocate on behalf of the Clubs industry.

*NOTE:* ClubsNSW and ClubGRANTS Local Committees will not publicly disclose any personal information (such as contact details). Such information may, however, be shared with trusted parties for the purposes as described above.

#### **Declaration & Consent**

The Applicant:

- Declares that the information provided in this application form is true and correct.
- Undertakes to notify the subject ClubGRANTS Committee of any changes to this information and any circumstances that may affect this application.
- Acknowledges that this is an application only and may not necessarily result in funding approval.
- Acknowledges and consents to the Funding Conditions, Privacy Statement and Data Use provisions described above.
- Declares that he/she is authorised by the applicant organisation to submit this application and agree to the terms and conditions described above.

**I have read and agree to the above: \***

- Yes, I have read and agree  
 No, I do not agree

**Authorised Person: \***

Ms Rhonda Wilson

**Position: \***

Manager