

2019/ 2020 Community Education Program Grants

Important Information

Dates:	Applications open – 9am (AEST) Monday 2 nd September 2019 Applications close – 5pm (AEST) Monday 14 th October 2019 All applicants notified of application outcome by April 2020 Funds dispersed to successful applicants in April 2020
Grants:	Up to \$50,000
Grant Programs:	Support sustainable programs for Australians under the age of 25, promoting ongoing education and skills making a significant difference to the lives of participants.
Contact:	Marketing & Communications CEPGrants@ansvar.com.au www.ansvar.com.au/community-education-program

General Information

Grant Categories

Ansvar Insurance supports programs for Australians under the age of 25 which fall into 2 categories:

Empowerment and Education

Programs which provide opportunities to develop positive values that lead to healthy lifestyle choices and a positive contribution to our community.

Outreach and Support

Programs that support youths who are at risk or are already experiencing difficulties (such as drug and/or alcohol abuse) through rehabilitation and/or skills training.

Eligibility Criteria

For a grant application to be considered it must meet all of the below listed criteria:

- Program must target Australian youth under the age of 25 and fit into 1 of the 2 above listed grant categories,
- Program must be intended to be sustainable beyond receiving a grant from Ansvar Insurance,
- Applicant must be a Not-for-Profit organisation with DGR status,
- Grant request must not exceed \$50,000 and
- Grant request must be for the purpose of funding a specific program.

The following criteria will be considered in assessing grant applications:

Program Attributes	Factors
Wide Community Benefit	Size of community benefit
Organisational Competency	Demonstrated competency based on application, credentials and prior history
Specific Outcomes	Specific outcomes are identified
Measurable Outcomes	Measurement practices are in place and reported on
Sustainability	Program becomes self-funding or with plans to be, following the completion of the grant program
Promotional and Volunteer Opportunities	Level of promotional and Ansvar Insurance staff involvement opportunities

Grantee Obligations

All successful grant recipients must comply with the following obligations, by not doing so future funding requests may be affected.

Grants

Recipients must use the grant in accordance with the purpose and schedule agreed and not for any other purpose. Ansvar Insurance must be advised in writing of any proposed changes to how the grant will be spent.

Progress Reports

Recipients are required to submit progress reports. The first progress report is due 3 months into the program, the second is due 6 months into the program and the third is due 9 months into the program. Reports must detail any changes to the program or schedule which will have been agreed by Ansvar Insurance.

Final Evaluation Report and Acquittal

Recipients are required to complete and submit a final report and acquittal form within thirty days of the completion of their program.

Any outstanding reports may affect future grant requests.

Promotion and Acknowledgment

Any marketing or promotional activities including published or display materials for the program must include Ansvar Insurance's logo and/or acknowledgment of grant support. Ansvar Insurance reserves the right to promote and detail the grant recipient's programs and grant details for its own marketing and reporting purposes.

Application Process

To apply for a 2019/ 2020 Community Education Program Grant please follow the process below:

- Complete the 2019/ 2020 Community Education Program Grants application. Please complete all questions, any additional marketing materials that were not requested will not be assessed.
- Provide a copy of your organisation's annual accounts for the last financial year with your application.
- Submit your applications by 5pm (AEST) on Monday 14th October 2019 online and for hard copies they must be submitted to:
Ansvar Insurance – 2019/ 2020 Community Education Program Grants
GPO Box 1655, Melbourne VIC 3001
- Once your application has been received you will receive acknowledgment from Ansvar Insurance.
- You will be advised of the outcome of your application by April 2020.
- Funds will be dispersed to successful applicants in April 2020.

Privacy Policy

The Ansvar Insurance Privacy Policy sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information.

Please go to our website for full details of our privacy policy at www.ansvar.com.au/privacy-policy

If you do not wish to provide us with your personal information, we may not be able to consider your grant application.

2019/ 2020 Community Education Program Grants Application

Please complete the application in full. If you run out of space in any area, please use the notes page at the back of the application indicating which question you are completing.

1. Applicant Details

Organisation name:		ABN:	
Organisation's full legal name:			
Main contact name:		Position:	
Address:		State:	
		Postcode:	
Postal Address (if different to above)		State:	
		Postcode:	
Phone:		Mobile:	
Email:		Website:	
Is the applicant a past Ansvr Insurance grant recipient?		If Yes, what was the year of the last grant?	
In order to qualify for a grant your organisation must be a registered not-for-profit organisation with DGR status. Please tick the Yes box to confirm your organisation has DGR status. Please note you can check online at https://abr.business.gov.au/Tools/DgrListing	DGR Status	Yes	No

2. Organisation Background

What is the organisation's mission or purpose?

What types of programs or work does the organisation undertake?

Please provide an overview of how you believe your organisation fits into Ansvr's core sectors (Faith, Care, Community Service Organisations, Education, Heritage).

Number of employees?		Number of volunteers?	
Total annual organisational turnover?			

3. The Program

3.1 About the Program

Name of program			
Program start date:		Program end date:	
Location of the program			
Program Category (please circle)	Empowerment and Education	Outreach and Support	
Describe the target audience of the program.			
Is the program new or existing? (please circle)	New	Existing	
If 'Existing', when did the program first commence?			
Number of participants that the program will facilitate			
List any other partners involved in the program and the extent of their commitment.			
How much interaction will the participants have with the program? For instance if the program is 3 months, does the participants have daily engagement with the program.			

3.2. Grant Request

Grant amount requested	\$	Total annual cost of running the program	\$
% of funding sought		% of funding sought through partners	
Program start date		Program end date	

What specifically will this grant fund?

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3.3 Program Objectives

Describe the key objectives of the program.

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List the key activities and timings of the program.

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3.4 Program Outcomes

Describe the expected outcome(s) from the program.

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How will the outcome(s) be measured?

What is the expected long-term impact of the program, if any?

Will the program be evaluated?

If 'Yes', who will conduct the evaluation?

Name:		Position:	
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4. Sustainability

How will you continue to run the program at the conclusion of the grant period?

5. Community Benefit

How does the program demonstrate ongoing benefit to the community?

How does the program assist the development of Australian youth?

Approximately how many people will benefit as a result of the program?

Describe any opportunities for volunteers and how the staff at Ansvr Insurance could become involved in your program.

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6. Acknowledgements, Referees and Supporting Documents

6.1 Acknowledgements

Please describe how you would acknowledge a grant from Ansvar Insurance and any promotional opportunities available.

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6.2 Referees

Names and contact details of 2 people who can provide a reference for your program/organisation.

Name:		Name:	
Position:		Position:	
Organisation:		Organisation:	
Phone:		Phone:	
Email:		Email:	

6.3 Supporting Documents

Please include a copy of your organisation's annual accounts for the last financial year. This must be submitted with your application.

7. Declaration and Consent for 2019/ 2020 Community Education Program Grants application

This declaration and consent is required for all grant applications submitted to Ansvar Insurance.

This declaration and consent must be made by a person from the organisation submitting the Community Education Program Grants application who has appropriate authority (such as Chief Executive Officer, Director, Chairperson or President) to declare and consent to the matters required.

In my capacity with the organisation submitting the 2019/ 2020 Community Education Program Grants application, I declare that (please circle Yes or No):

The answers given and statements made in this application are to the best of my knowledge true and complete and that I have not withheld any information likely to affect the accuracy of this application.	Yes	No
Ansvar Insurance will be notified of any change to details provided and any circumstance that may affect the accuracy of this application.	Yes	No
On behalf of the organisation for which this application is made, I support the grant being sought and the program as outlined, I am aware of and agree to the grantee obligations that will apply.	Yes	No
If the application is successful, the organisation will be provided with a Grant Acknowledgment form that outlines the grantee obligations and provisions before any grant is issued.	Yes	No
I have read Ansvar Insurance's Privacy Policy, note that it applies to all personal information collected for the purposes of the Community Education Program Grants application process, and I give consent for the use of such information as contemplated. To enable details of the 2019/ 2020 Community Education Program Grants application to be confirmed, and to facilitate the processing of the application by Ansvar Insurance, I consent to Ansvar Insurance contacting any relevant persons or organisations about the application and to providing copies of the application to such third parties as may be necessary from time to time.	Yes	No

Signature:	
Name:	
Position:	
Date:	