

2025 Community Education Program Application Form

IMPORTANT INFORMATION

Date	<p>Applications open – 9am (AEST) Monday, 15TH September 2025</p> <p>Applications close – 5pm (AEST) Friday, 24th October 2025</p> <p>Notification of application outcome by early March 2026</p> <p>Funds dispersed to successful applicants by mid March 2026</p>
Grant Amount	Up to \$50,000
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	<p>CEPGrants@ansvar.com.au</p> <p>ansvar.com.au/community-education-program-the-program</p>

GENERAL INFORMATION

1. 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.

2. 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 above listed 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
- Grant request must be for the purpose of funding a specific program

3. GRANT ASSESSMENT CRITERIA

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 2026 Community Education Program Grant please follow the process below:

- **Complete all fields on the online application form. Please note there is a characters limit for each section.**
- **The application questions below note each limit.**
 - Supporting marketing material is not required therefore, if attached, it will not be assessed.
 - Provide a copy of your organisation's annual accounts for the last financial year.
 - Deadline for submission is 5pm (AEST) on **Friday, 24th October 2025**.
 - Once your application has been received you will receive acknowledgment from Ansvar Insurance.
 - You will be advised of the outcome of your application by **early March 2026**
 - Funds will be dispersed to successful applicants by **mid March 2026**

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.

APPLICATION

Please complete the application in full and stay within the characters limit for each section.

SECTION 1 : APPLICANT DETAILS

Organisation name:*

ABN*

Organisation's full legal name:*

Main contact name:*

Position*

Address*

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Postcode

Phone*

Mobile*

Email Address*

Is the applicant a past Ansvar Insurance grant recipient?

☐ YES

☐ NO

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

How did you hear about the CEP Grants?*

Would you like to subscribe to our CEP mailing list?*

☐ YES

☐ NO

SECTION 2 : ORGANISATION BACKGROUND

2.1. What is the organisation's mission or purpose? Max 300 words*

2.2 What types of programs or work does the organisation undertake? Max 200 words*

Please provide an overview of how you believe your organisation fits into Ansvär's core sectors (Faith, Care, Community Service Organisations, Education, Heritage). Max 200 words*

2. 4 Number of employees?*

2. 5 Number of Volunteers?*

2.6 Total annual organisational turnover?*

SECTION 3 : THE PROGRAM

ABOUT THE PROGRAM

GRANT REQUEST

3.2.1 Grant amount requested*

 A\$

3.2.2 Total annual cost of running the program*

 A\$

3.2.3. % of funding sought*

3.2.4 % of funding sought through partners*

3.3.5 What specifically will this grant fund? Please be clear when specifying. Max 200 words*

PROGRAM OBJECTIVES

3.3.1 Describe the key objectives of the program. Max 200 words*

3.3.2 List the key activities and timings of the program. Max 200 words*

PROGRAM OUTCOMES

3.4.1 Describe the expected outcome(s) from the program. Max 200 words*

3.4.2 How will the outcome(s) be measured? Max 200 characters*

3.4.3 What is the expected long-term impact of the program, if any? Max 200 characters*

3.4.4 Will the program be evaluated? Yes/No?

☐ YES

☐ NO

If 'Yes', who will conduct the evaluation?

NAME

Position*

SECTION 4: SUSTAINABILITY

4.1 How will you continue to run the program at the conclusion of the grant period? Max 100 words*

SECTION 5: COMMUNITY BENEFIT

5.1 How does the program demonstrate ongoing benefit to the community? Max 200 words - Copy*

5.2 How does the program assist the development of Australian youth? Max 100 words*

5.3 Approximately how many people will benefit as a result of the program? Max 50 words*

5.4) Describe any opportunities for volunteers and how the staff at Ansvar Insurance could become involved in your program. Max 100 words*

SECTION 6: ACKNOWLEDGEMENTS, REFEREES AND FINANCIAL STATEMENTS

6.1 Please describe how you would acknowledge a grant from Ansvar Insurance and any promotional opportunities available. Max 100 words*

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

REFEREE 1*

First Name

Last Name

Position*

Organisation*

Phone*

Email*

REFEREE 2*

First Name

Last Name

Position

Organisation *

Phone *

Email*

6.3 Financial Statements

Drag and drop here or Browse files

Max file size: 10 MB

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

SECTION 7: DECLARATION AND CONSENT

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 2026 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.*

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. *

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☐ 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. *

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☐ 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.*

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☐ 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 2025 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*

Date*

Name

First Name

Last Name

Position*