



Edmonton
Community
Foundation



Timeless contributions. Endless possibilities.

Community Grants Program Letter of Inquiry Cover Page

About your Agency:

Agency Name: _____

Mailing Address: _____ City: _____ Alberta

Postal Code: _____ Phone: _____ Website: _____

Charitable Registration No.: _____ Date of Incorporation: _____

Total Organization Budget: \$ _____

Number of Employees: Full Time _____ Part Time _____ Volunteers: _____

Contact Person for this Inquiry: _____ Position: _____

Phone: _____ E-mail: _____

About your Grant Inquiry:

Title: _____

Sector(s):

- | | | |
|--------------------------|----------------------------|----------------------|
| Arts, Culture & Heritage | Health & Wellness | Education & Learning |
| Human & Social Services | Environment & Conservation | Recreation & Leisure |

Geographic Area(s) Served by this Initiative:

Greater Edmonton Specific area within Edmonton (Please name): _____

Target Population (check all that apply for this initiative):

- | | | | | | |
|------------------------|---------------|------------|-----------------|-------|---------|
| Gender: | Female, ___% | Male, ___% | | | |
| Age Group: | Infant/Babies | Children | Youth | Adult | Seniors |
| Minority Group: | Aboriginal | Disabled | Ethnic Minority | Other | |

How many will benefit from this initiative: _____ (approximately)

Total Cost: \$ _____ **Amount Requested from ECF:** \$ _____

Are funds from any other sources confirmed?

Yes Applied for, but not yet confirmed Our organization is contributing funds to the initiative No

How would the grant be used (check all that apply):

- | | | | |
|------------------|---------------------|-----------------------|----------------------|
| Staff Salaries | Program Support | Purchase of Equipment | Contracting Services |
| Program Delivery | Repairs/Renovations | Staff Development | Evaluation |
| Marketing | Strategic Planning | Seed Money | Operations/Capacity |
- Other (please specify): _____

Anticipated start date of initiative: _____ **Date grant needed:** _____

Authorization: To be approved by two officers of the Board of Directors from your agency indicating awareness of your Letter of Inquiry (LOI) and verifying that the LOI is complete.

Signature	Print Name	Position	Date
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Both officers of the Board have read the funding criteria for this program.