

# Application Instructions

---

The small grant application is intended to support small and/or emergent needs through an expedited process.

This opportunity is meant to support specific needs. Requests cannot exceed \$10,000. Requests typically fall in the range between \$2,000 to \$7,000. Applicants must demonstrate the specific need and **not necessarily request the maximum**.

There is no deadline for the small grants application but the process can take up to 4 weeks.

ECF grants are **not designed to support**:

- Deficit funding
- Contributions to endowments
- Annual funding drives and annual events
- Faith-based programs
- Major medical equipment and research, capital campaigns or purchase of land and/or buildings
- Grants primarily benefitting individuals (such as scholarships)
- National or provincial initiatives without specific benefit to Edmonton
- Any expenses incurred prior to the Foundation's decision date, or
- Grants to agencies that have unrestricted reserve funds in excess of one's year's operating expenses.

Successful organizations can only apply or receive one small grant per twelve month period. This grant is intended to support emerging or smaller needs where timeliness is required.

If your request is **higher than \$10,000**, please click on Application Listing (top bar) and select Community Grant Application for your request.

## Applicant Details

---

Organization name\*

*Or partner organization for Young Edmonton Grant requests*

Contact Person for Grant Request First Name\*

Contact Person for Grant Request Last Name\*

Primary Email Address - for communication purposes\*

*Please check regularly and/or check junk folder*

Position Title or Role in Project/Initiative\*

Title of the Project\*

# Eligibility Confirmation

---

Your organization is a non-profit serving the greater Edmonton area.\*

- Yes

*Greater Edmonton area includes: Leduc County, Strathcona County, Sturgeon County, and Parkland County.*

Your organization has a Charitable Registration Number from Canada Revenue Agency.\*

- Yes

*If you do not have a charitable registration number you are NOT eligible to apply for grants to the Edmonton Community Foundation.*

Charitable Registration Number? (e.g. 123456789RR0001)\*

*If partnering, the organization with the Charitable Registration Number must be the one submitting the application to Edmonton Community Foundation.*

## Sharing Application Information

Your organization has identified a priority for the charitable sector in our community. The information entered in this application is a valuable resource for stakeholders working to address similar challenges. At the end of your application there is a private text box field. That is the opportunity to add context to your application, if there is information that should **not** be shared to protect clients, staff, or others.

- I understand that the information entered in this application will be shared publicly, as open data. \*

## Address

---

### INSTRUCTIONS

Please provide us with contact information for your organization

Fields marked with an asterisk (\*) are required to continue on with the application.

Mailing Address (local branch/division)\*

City\*

Postal Code (e.g. T1T 2T2)\*

Phone Number/Direct Line (e.g. 780-123-4567)\*

Website

# Small Grant Request

---

## INSTRUCTIONS

The small grant application is intended to support small and/or emergent needs through an expedited process.

This opportunity is meant to support specific needs. Requests cannot exceed \$10,000. Requests typically fall in the range between \$2,000 to \$7,000. **Applicants must demonstrate the specific need and not necessarily request the maximum.**

This grant is intended to support emerging or smaller needs where **timeliness** is required. There is no deadline for the small grants application but the process can take up to 4 weeks.

**Be clear and concise** in your application.

## Summary of Request

Describe your request in **two sentences**. The first sentence should explain what you are trying to achieve. The second sentence should explain how you intend to achieve your goal.

### Summary of Request

*Note: If funds are awarded, this information will be used in future publications.*

How Many People Will Directly Benefit?

Amount Requested From ECF

Total Project Cost

Anticipated start date of initiative

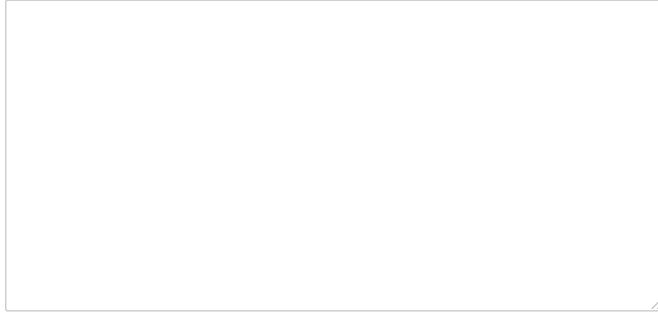
Date Grant Needed

## The Need

Briefly describe the small or emerging need **specifically** related to your funding request.

(Suggested word limit 100-200)

### The Need



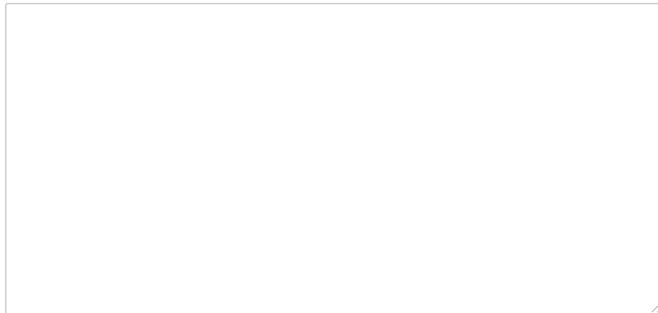
## Priority

Specific to the funding requested from ECF, why is this need emerging at this time?

What has changed that the need was not anticipated?

(Suggested word limit 100-200)

### Priority

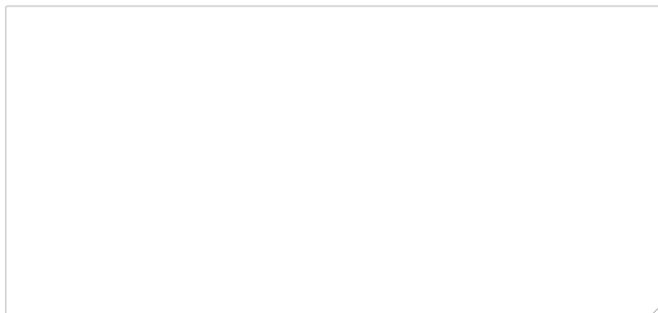


## Benefits

How would this specific funding request benefit your clients, organization, or the community? Include outcomes, if applicable.

(Suggested word limit 100-200)

### Benefits



## Requested Funds

List the expenses below and include the costs associated with these expenses.

(e.g. venue \$1,000; food \$1,000, etc.)

Be sure to clearly identify which expenses ECF is being asked to support.

If the grant from ECF doesn't cover the total cost, list the **other revenue sources and amounts**.

Requested Funds

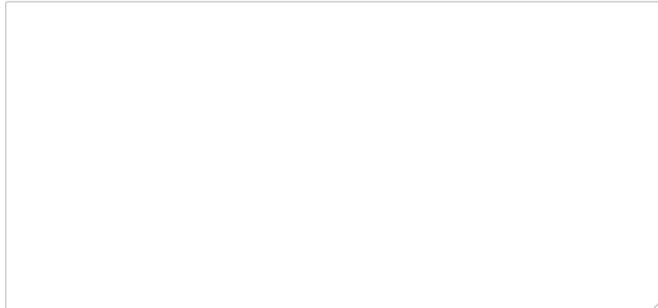
A large, empty rectangular text box with a thin border and a small diagonal slash icon in the bottom right corner, intended for listing requested funds.

## Organization

Briefly describe your organization and its services.

(Suggested word limit 100-200)

Organization

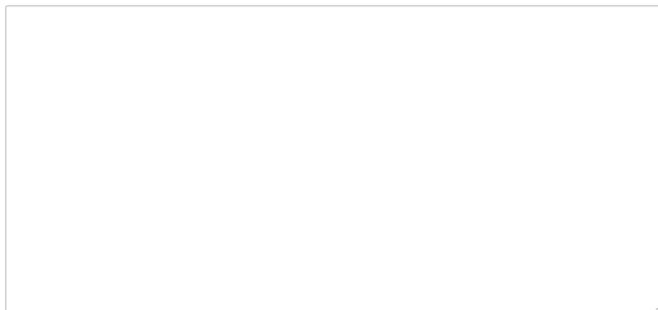
A large, empty rectangular text box with a thin border and a small diagonal slash icon in the bottom right corner, intended for describing the organization.

## Additional Information

Below is an opportunity to add context to your application, if there is information that should not be shared to protect clients, staff, or others.

Any information entered here is **private and will not be shared** as open data.

Additional Information

A large, empty rectangular text box with a thin border and a small diagonal slash icon in the bottom right corner, intended for providing additional information.

## Organization

## INSTRUCTIONS

ECF is interested in understanding how we serve diverse communities within our area. We recognize that not all communities have the same needs and that there can be systemic barriers to funding for some communities. Therefore, it is important to understand how grant applicants reflect and serve our community.

For the purposes of the questions below, we are interested in how your organization works with:

- Immigrants and refugees
- Indigenous people
- LGBTQ2S+ people
- People of colour
- People whose first language is other than English/French
- People with disabilities

## Purpose

Is the primary mission or focus of your organization to serve one of the communities listed above?\*

If you answered YES to the previous question, select the community you primarily serve. If you selected NO, select none of the above. \*

Is the initiative for which you are requesting ECF funding specifically designed to support one of these communities?

If yes, briefly explain how that group's needs are specifically addressed within the requested initiative. (Max. 200 words)

## Leadership

ECF considers an organization to be "led by" a specific community when a majority of that organization's board and senior staff members identify as being part of that community.

Is your organization led by one of the communities listed above? \*

Select the community that your organization is led by. If you answered no, select none of the above. \*

Save

Save and Continue

