

# Application Instructions

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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.

This small grant opportunity is not designed to support:

- retroactive requests
- sponsorship opportunities
- annual funding drives/events
- grants for individuals

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

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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

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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.*

# Organization Information

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## 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

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

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.

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

Amount Requested From ECF

Total Cost of the Project/Initiative

Anticipated Start Date

Date Grant Needed

## The Need

Briefly describe the small or emerging need **specifically** related to your funding request. (Suggested word limit of 100)

The Need

## Priority

Specific to the funding requested from ECF, why is this request a priority at this time?

How would this specific funding request benefit your clients, organization, or the community? Include outcomes, if applicable. (Suggested word limit of 100)

## Priority

## Requested Funds

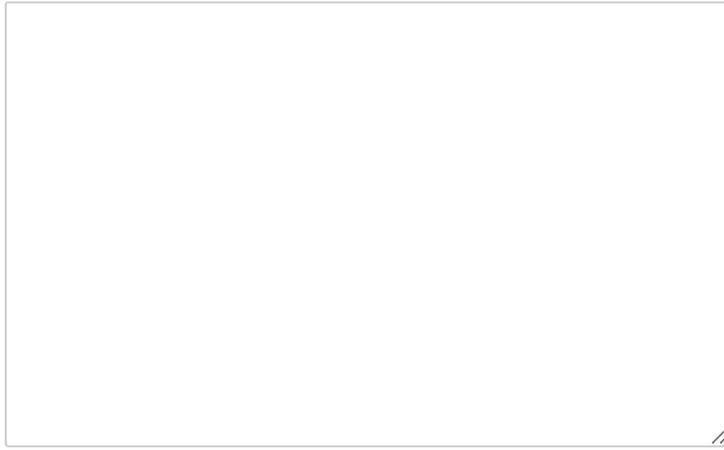
List the expenses below and include the costs associated with these expenses.

(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.

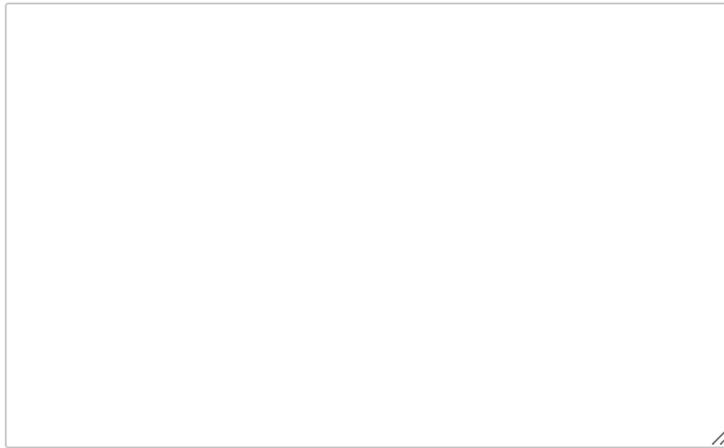
## Requested Funds

A large, empty rectangular text area with a thin border and a small double-slash icon in the bottom right corner, intended for entering requested funds.

## Organization

Briefly describe your organization and its services.  
(Suggested word limit of 100)

### Organization

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

Save

Save and Continue