

ABCU Charitable
Foundation

Grant Application Form

Please ensure you review and complete all guidelines and evaluation criteria before submitting the application.

Section 1 Applicant Contact Information

Organization Name: _____

Canada Revenue Charitable Registration #: _____ Corp# _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____

Primary Contact for this Application: _____ Position: _____

Phone: _____ Email: _____

Section 2 Granting Programs

Is your organization applying for the ABCU Charitable Foundation Grant? Yes____ No____

Section 3 About Your Project / Initiative

Project Title: _____

Start Date (yyyy/mm/dd): _____ Completion Date (yyyy/dd/dd): _____

Provide a brief summary of your project / initiative:

List of all the ABCU Charitable Foundation’s fields of interest that apply to your application (see Application Guidelines). For each field listed, identify the specific needs your project undertakes to address:

Describe the project activities and include a time line, if applicable:

Specify the particular segments of the community that will benefit from your project, how they will benefit and whether the project will benefit the Edmonton/ Beaumont communities as a whole:

If volunteers are required to carry out the project, specify how they will be used, how many volunteer hours are needed and the plan for recruitment:

If other organizations or groups are collaborating on this project, identify them and describe their specific roles:

If specialized skills are required to carry out the project, identify the skills and who will provide them:

Specify the project's objectives and intended outcomes:

Describe how you plan to monitor the progress of your project and evaluate its success in achieving your objectives.

If ABCU Charitable Foundation awards a grant for less than the requested amount, describe how your organization will complete the project:

If the project is expected to continue for more than one year, explain how the project will be financed and the sources of revenue for future years:

If there are contingencies or factors that may affect the ability of your organization to carry out or complete the project, provide an explanation:

Provide the name, e-mail and telephone numbers of three persons not directly associated with the project, who may be consulted for information regarding this project and your organization:

- 1.
- 2.
- 3.

Authorization

Signature of person preparing form
(Both signatures are required)

Signature of organization's Chair/President

Name: _____

Name: _____

Date Signed: _____

Date Signed: _____

Important: The application must be signed. For e-mail submissions, this page should be printed and then scanned for submission.

Checklist

A complete application has:

- ___ This application form with all items completed.
- ___ An attached list of current Board of Directors and executive positions.
- ___ The organization's most recent year-end financial statements.
- ___ The signature of the organization's president and the person submitting the application.

Application Submission

This application can be sent by regular mail or by e-mail and must be received on or before the deadline. Hand delivery, courier or fax is not permitted.

Submit by e-mail to: general@abcu.ca

Submit by regular mail to: ABCU Charitable Foundation
c/o ABCU Credit Union Corporate Office
5007 50 Avenue
Beaumont, AB T4X 1E7