



**EDMONTON CIVIC EMPLOYEES  
CHARITABLE ASSISTANCE FUND  
APPLICATION FORM  
FOR CHARITABLE ASSISTANCE**

P.O. BOX 389, ST. ALBERT, ALBERTA T8N 7A2

DATE: \_\_\_\_\_

FULL NAME OF CHARITY: \_\_\_\_\_

FUNDING REQUESTED: \$ \_\_\_\_\_

DETAILS OF FUNDING REQUEST: *(funding requests will be considered for Capital Expenses and Program Costs)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WOULD ECECAF BE RECOGNIZED FOR THIS DONATION?

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY REQUESTED FUNDING FROM ECECAF? \_\_\_\_\_

IF SO, PLEASE PROVIDE AMOUNT AND DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE THAT THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION IN ORDER FOR IT TO BE CONSIDERED:

- ✓ CRA CHARITABLE REGISTRATION NUMBER: \_\_\_\_\_
- ✓ COPY OF THE CHARITY'S MOST RECENT AUDITED FINANCIAL STATEMENTS
- ✓ INFORMATION THAT THE FUNDS REQUESTED ARE NOT A DUPLICATION OF OTHER FUNDS
- ✓ DISCLOSURE REGARDING FUNDING FROM OTHER SOURCES INCL. UNITED WAY

**\*\*NOTE THAT YOU WILL BE CONTACTED WITH POTENTIAL DATES FOR BOARD PRESENTATION\*\***

*Please return this form to the address above, or email to [ececaf@gmail.com](mailto:ececaf@gmail.com) ATTN: Fund Administrator*

**December 3, 2013**