THE EDEN COMMUNITY FOUNDATION, INC.
P.O. Box 96, Eden, New York 14057
716 • 992 • 4799
www.edencommunityfoundation.org

GRANT APPLICATION

To complete this application with a word processor, just click in the response area to each question. Limit the length of your response to the space provided. If more space is needed, attach additional pages and be sure to include your group's name on every page. Print the completed form, add attachments, if any, and mail to the Eden Community Foundation ("ECF") at the address above.

Primary Contact Information

Name of Primary Contact Person

Primary Contact Address

City   State/Province   Zip/Postal

Phone   Email

Entity Information

Name of Entity

Entity Address

City   State/Province   Zip/Postal

Phone   Email

1. Describe the entity applying for this grant, including who is served. This grant application must be submitted by the entity that would potentially receive funds.

2. Type of Entity. Specify if the entity is an individual, partnership, corporation, municipality, educational institution, religious institution, non-profit or other type of group and, if other, please explain.

3. State the Number of Years the Entity has been in Existence.

4. State the Number of People Served by the Entity (Yearly Average).

5. List the People in Leadership Positions, or Board Members.

6. If you as the Primary Contact Person are not in a leadership position we require you to attach a letter from the entity's leadership stating: (a) the project proposed is approved by the entity; and (b) the Primary Contact Person has the entity's approval to submit the grant application. Please attach the letter to this printed application.

Project Description

7. Provide a brief overview of the project.

8. Describe how the Eden community and any others will benefit.

9. Explain how much you are requesting from ECF and when the funds would be used.

10. Explain how much the total project will cost. Please attach estimates supplied by contractors or suppliers.

11. Explain how any ongoing, operational costs associated with the project's success will be funded.

12. Explain how much has already been raised or committed towards completion of this project and from whom.

13. Are you working with any other community organizations on this project? Yes __   No__
    If Yes, provide information about other community organizations involved. List them and attach contact information and/or letters of support.

14. Estimated Project Start Date

15. Estimated Completion Date

16. Explain how you will measure the success of this project.

17. If a grant is awarded, describe how you intend to acknowledge the assistance granted by ECF.

18. Please provide any other information that may be helpful to the ECF in assessing your application. Attach all supporting documents requested above, including site plans, photos, estimates given by contractors or supporters and letters of support from other community organizations.

By signing below, I certify that I have the authority to submit this grant application on behalf of the entity specified herein, and the entity approves of the project explained herein.

Primary Contact Person's Signature: _____

Title: _____

Date: _____