1 Organization Summary

Name of Organization	
Charity or Incorporation Number	
Mailing Address	Edmonton, AB
Contact Person's Name Title Email Phone #	
Website address	www.
Organization's Purpose: Give a brief description of organization's mission and core work (history, programs, and audiences). (**200 – 250 words**)	

2 Program Summary

Program Name:	
Program Description: Provide a concise summary of your project in plain language **(max. 100 words)** If funded, this may be used on ECALA's website as the description of your project.	
Programming Area	
Amount Requested from ECALA	$ .00

3 Need

What learning need will you address with this initiative? Include:
- The issue you plan to meet with your program
- How you identified this need? Provide evidence to support your rationale.
- How the need aligns with ECALA's programming areas listed in the RFP Guidelines?
- Why this need cannot be addressed by existing services and programs?
- What makes your program unique?
- Any potential opportunities to collaborate or partner to meet this need?

4 Program Details

a. Include the following:
   - Target population and projected number of learners
   - Proposed location(s), days of the week and times (morning, afternoon, Saturday)
   - Key learning objectives
   - Highlight learning activities, materials and other resources that will help learners achieve the learning goals
   - How do you apply adult foundational learning in your activities with learners?

b.

- How do you attract adults with foundational learning needs to the program?
- Criteria or process to identify learners have financial and/or social barriers

c.

- List the program staff positions, their qualifications, foundational learning expertise, experience and key responsibilities.
- ELL proposals must include ESL teaching qualifications
- Include contact email and phone number for ECALA professional development contact list

5 Outcomes and Evaluation Measurement Plan

a.
- Describe your organization's outcomes and evaluation process or plan for this program.
- What tools do you use to track outputs and indicators (See Measurement and Evaluation Table Final Report)?

b.
- How will you verify progress toward these outcomes?
- What information or evidence will confirm how well you have met the outcomes?

6. Ability to Deliver Program

a.
- Provide an overview of anticipated project activities and a detailed timeline. (Note: All dates must be between July 1, 2018 and June 30, 2019). *You may want to include this chart in an attachment.*
- What activities will the learner engage in?

Timeline: describe major phases and their components	Start/End dates (month/year)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
[add more rows as needed]	

b. Has the program been delivered in the past? How was the program funded? Give a brief synopsis of how the program is going this year. Include:
  - Successes and challenges
  - How did you respond to learners' individual learning goals
  - Any modifications you made or plan to make in response to learner feedback and/or other factors.

c. Program Summary					
Courses or Learning Activities	**Funded Area** *AL, Numeracy, ELL, FLS, FL, COM or CCB*	**# of projected learners Per course**	**# of hours per course**	**# of times course provided**	**Total funding request**
TOTAL ECALA REQUEST					

Total ECALA funding request should match total request in Financials Template

7 Financial Report Template

Use the **Financial Report Template** Workbook (Excel format). Instructions on completing the document are included in a tab for your reference.

Use the space below to provide any additional information relevant to the dollar amounts and categories of funding you are requesting.

Review the Guidelines for details related to proposal requirements.

A complete proposal includes:

- ☐ **Copy of insurance certificate**
- ☐ **Copy of Proof of Filing from registries**
- ☐ **Board Contact List if different than proof of filing**
- ☐ **Audited Financial Statements or signed Financial Statements**
- ☐ **Program Proposal**
- ☐ **Program Financial using Financials Template**
- ☐ **Attachments providing additional information required in proposal**
- ☐ **Signed Declaration and Authorization**
- ☐ **Received by ECALA staff on or before deadline**

Email complete proposal to:

info@ecala.org BY 4:00 P.M. Friday, January 26, 2018

Questions: Call 780-415-5520

Only electronic submissions will be accepted. The Grant Application must be submitted in Microsoft Word format or a PDF (not manually scanned) except for the Financials Template which must be sent in Microsoft Excel. The Declaration and Authorization page may be a scanned copy and must formatted on one page.

8 Declaration and Authorization

Two authorized signatories (one board member one staff) from your Agency must sign the following declaration.

I have read, understand and agree to abide by the course funding and reporting requirements as set out by ECALA. I declare that the information included in the attached application is true and accurate and does not omit any material facts. I certify that the funds will only be used as set forth in this application and I understand that recipients found not to comply with guidelines may be asked to repay funds.

I authorize ECALA to make inquiries about the ability of our Organization to carry out, financially and administratively, the proposed courses. Such inquiries are not limited to but may include creditors, other funding agencies, and other stakeholders. Further, ECALA may make use of the data submitted for its ongoing administration and decision-making. I authorize ECALA to share information provided by us with other funders, and authorize release of information from other funders to ECALA.

I understand that I must submit to ECALA an electronic copy of any materials produced using ECALA funding. In the event of an ECALA funding audit, I also give ECALA auditors access to all records pertaining to the purposes of the grant as outlined in the funding requirements.

Program Name

Signature Board member: _____   Date_____

Position: _____   Print Name: _____

Signature Staff signatory: _____   Date: _____

Position: _____   Print Name: _____