

Anti - Racism Grant Application 2024

This application is for all of the Anti-racism Grant Program streams, which include: Community Activation, Local Anti-racism Capacity Building/ Innovation, Local Community Participatory Action Research and Shifting the Perspective grant streams.

*** Applications will be accepted up to midnight on the deadline date ***

A PRACTICE FORM can be found on the Anti-Racism Grants Program website.

Before applying:

- Read the Program Guide carefully and verify the following before you submit.
- Ensure that all accounting and reporting requirements for any previous City of Edmonton funding has been completed. Organizations will not be considered for new funding until any outstanding accounting and reporting requirements have been satisfied.
- All sections of the application have been completed and guestions answered fully.
- Ensure that you have included all of the required attachments*, including:
- 1. Budget
- 2. Most recent Financial Statement
- a) AUDITED year-end financial statements (see <u>Financial Statement Example</u>)

OR

b) INTERNALLY generated financial statements, AND

Bank Reconciliation, AND

Year-end Bank statement (All dates should match in these documents)

3. Annual General Meeting minutes (Minutes should indicate if quorum exists and approval for the Financial Statements based on your Year End.

*If you are unable to provide these items, you may still qualify via the use of a fiscal agent. Please select one of the fiscal agent options when you fill out the application. A Fiscal Agent can be an organization that meets all of the above qualifications and is willing to partner with you on this project. A fiscal agent may require a processing fee as part of their services.

| * Indicates required question |
|---|
| 1. Email * |
| FOIP Statement |
| Personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. The information will be used by the City of Edmonton, Community Grants Office to determine eligibility for this grant and for the management and administration of this program. The information in this application may be shared with other City of Edmonton business areas for analysis and potential funding options; and external funding organizations for potential funding options. If you have any questions about the collection, use or disclosure of your personal or organizational information, please contact the Funding Strategist, Edmonton Tower, 10111-104 Ave NW T5J 0J4, 780-496-4933, grants@edmonton.ca. |
| 2. Do you understand and accept the FOIP statement above? * |
| Mark only one oval. |
| Yes |
| No Skip to section 13 (Thank you) |
| Declaration |

The applicant declares, to the best of their knowledge and belief, that:

- The information provided is truthful and accurate; and
- The application is made on behalf of the application-named organization.

| 3. | Do you understand and agree to the Declaration above? * |
|----|--|
| | Mark only one oval. |
| | Yes |
| | No Skip to section 13 (Thank you) |
| Αŗ | oplicant Information |
| 4. | Legal name of organization * |
| | If you are an individual, please use your name here: |
| | |
| | |
| 5. | Applicant Name (Primary Contact) * |
| | |
| 6. | Applicant/Organization Address * |
| | |
| | |
| 7. | Applicant/ Organization Postal Code * |
| | |
| | |
| 8. | Applicant/Organization Email Address * |
| | |
| 0 | |
| 9. | Applicant/Organization Contact email Address (if different from above) |
| | |

| 10. | Applicant/Organization Phone number * |
|------|---|
| 11. | Do you require a Fiscal Agent? * |
| | (If you are grassroots or have not been incorporated for at least a year then you are required to have a fiscal agent. For this grant we have fiscal agents in place and are open to you providing us with a fiscal agent. Please note that fiscal agents often take a fee for the risks associated with signing agreements on your behalf. It may be as much as 15% of your grant) |
| | Mark only one oval. |
| | No, We are incorporated and will provide our information below Skip to question 20 |
| | Yes, I have a fiscal agent and will provide their details below Skip to question 12 |
| | I need a fiscal agent and request you match me with one. Skip to question 31 |
| ۷e | s, I have a fiscal agent and will provide their details below |
| | |
| (11) | nis is the section you will enter your fiscal agent information) |
| 12. | Which Government Act is your fiscal agent incorporated under? (Please note that * the City of Edmonton will be verifying this data online) |
| | Mark only one oval. |
| | Alberta Societies Act |
| | Non-Profit Company |
| | Non-Profit Public Company |
| | Extra-Provincial Non-Profit Company |
| 13. | Incorporated (Legal) Name of the Fiscal Agent * |
| | |

| 14. | Legal Address of Fiscal Agent, including City (Mailing address MUST be in Edmonton) | * |
|------|---|---|
| 15. | Legal Postal Code of Fiscal Agent * | |
| 16. | Contact name at Fiscal Agent * | |
| 17. | Email of contact at Fiscal Agent * | |
| 18. | Legal Authorized Signing Authority contact: Please include FULL NAME and EMAIL | * |
| 19. | Second Authorized Signing Authority Contact: Please included FULL NAME and EMAIL | * |
| Skip | o to question 31 | |

No, we are incorporated and will provide our information below

| | Non-Profit Company | |
|-----|---|---|
| | Non-Profit Public Company | |
| | Extra-Provincial Non-Profit Company | |
| 21. | What is the date of your incorporation? Please note that the City of Edmonton requires that groups must be incorporated for at least one year prior to receiving funding. | * |
| 22. | Legal Authorized Signing Authority contact: Please include FULL NAME and EMAIL | * |
| 23. | Second Authorized Signing Authority Contact: Please include FULL NAME and EMAIL | * |

This section will help the assessors better understand your organization's commitment and contribution to Anti-Racism efforts.

| 24. | Based on the makeup of your organization or board, how would you best describe * your organization? |
|-----|---|
| | Mark only one oval. |
| | Indigenous-led |
| | Black-led |
| | Other racialized-led (incl. religious and ethnic groups) |
| | Indigenous, Black and other racialized-serving |
| | General serving |
| | Other (please specify) |
| | |
| 25. | Who does your organization primarily serve according to your organization's * mandate, strategic priority or initiatives? |
| | Mark only one oval. |
| | Individuals/Families |
| | Communities |
| | Other Organizations, Institutions and Systems |
| | Other (please specify) |
| | |
| 26. | What does your organization focus on? * |
| | Mark only one oval. |
| | Education |
| | Community Outreach/ Policy Advocacy |
| | Funding |
| | Other (please specify) |

| 27. | What does your organization specialize in? * | |
|-----|---|---|
| | Mark only one oval. | |
| | Legal services | |
| | Educational services | |
| | Research and Analysis | |
| | Settlement services | |
| | Other (please specify) | |
| | | |
| 28. | How does your organization practice Anti-Racism? * | |
| | Mark only one oval. | |
| | Internally (within organization) | |
| | Externally | |
| | Collaboratively | |
| | Other (please specify) | |
| 29. | What types of Anti-racism programs or projects does your organization currently participate in? | 4 |
| | Mark only one oval. | |
| | Training and Workshops | |
| | Advocacy Campaigns | |
| | Research Projects | |
| | Other (please specify) | |
| | | |

| 30. | Indigenous and racialized individuals in decision-making positions, such as within your Board of Directors and Senior Leadership? |
|-----|--|
| | Mark only one oval. |
| | Yes |
| | ◯ No |
| | Working towards it |
| | Prefer not to say |
| Ge | neral Overview |
| 31. | What Funding stream does your project fall under? * |
| | Mark only one oval. |
| | Community Activation: To be used by communities and grassroots organizations to activate and animate projects/events led by and supporting youth and/or seniors, with priority given to intercultural and intergenerational anti-racist initiatives. |
| | Local Anti-racism Capacity Building/ Innovation: Focused on local grassroots organizations working on anti-racism activities and actions that address barriers to participation, promote healing and/or reconciliation, illuminate and combat systemic and structural racism, and support sustaining developmental change (e.g. projects to build relationships with other communities also impacted by racism, projects that uplift the stories of people impacted by racism, community needs assessments and responses). |
| | Local Community Participatory Action Research: To be used by communities impacted by racism to support community-led research activities which address local issues and concerns specific to their communities. |
| | Shifting the Perspective: This funding stream is specifically for not-for-profit organizations in the media sector, projects will support stories led by underrepresented communities to the narrative on racism. |
| | |

Project Overview:

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| 32. | Project title * |
|-----|--|
| | |
| 33. | Is this a: * |
| | Mark only one oval. |
| | New project |
| | An expansion |
| | |
| 34. | Please provide a brief description of the project description. If this is an expansion |
| | please, make sure to address that here: |
| | |
| | |
| | |
| | |
| | |
| 35. | Project grant request * |
| | (Please ensure this number matches your budget and only includes numbers (no symbols please) |
| | |
| 36. | Anticipated project start date: * |
| | November 30, 2024 - earliest suggested start date |
| | Example: 7 January 2019 |
| | |

| 37. | Anticipated Project end date: * |
|-----|--|
| | November 30, 2025 - latest end date |
| | |
| | Example: 7 January 2019 |
| Pro | oject Information |
| 38. | What type of racism will you be addressing with your project? * |
| | Please see our definition sheet if you are unsure of which type of racism you will be addressing |
| | Mark only one oval. |
| | Interpersonal |
| | Institutional |
| | Structural and Societal |
| | |

| 39. | What focus will your project have? * |
|-----|---|
| | Choose the main focus |
| | Mark only one oval. |
| | Mental Health: Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being |
| | Employment: Employment: Engaging in work that is gainful in a secure and supportive environment, promoting not just economic productivity but also personal and professional fulfillment. |
| | Education: Education is both the act of teaching knowledge to others and the act of receiving knowledge from someone else. |
| | Disabilities: A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). |
| | Food security: Food security is the state of having reliable access to a sufficient quantity of affordable, nutritious food. This category may also address the needs of culturally responsive foods. |
| 40. | Which Outcome relates to your project? * |
| | You may choose only one |
| | Mark only one oval. |
| | Edmontonians are more aware of racism and its impact and have a greater understanding of how to take action to address it. |
| | Edmontonians will be knowledgeable of the community organizations that are working to dismantle individual, systemic and structural racism. |
| | Edmontonians will work together to build a diverse, inclusive and equitable city. |

| 41. | Considering the type of racism, the focus and the outcome you wish to achieve, as * selected above, why are you or your organization best suited to lead this work? | | |
|-----|---|--|--|
| | What is the demonstrated need for this work? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 12. | Please provide us with a timeline associated with your project? * | | |
| | Based on the start and end dates of your project as identified? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 13. | Will your project develop any sharable resources? * | | |
| | Mark only one oval. | | |
| | Yes | | |
| | No | | |
| | | | |

| many people as possible? i.e. Benefit the largest number of people |
|--|
| |
| |
| |
| Do you have experts, professionals, Knowledge keepers, people with lived |
| experience supporting your project? |
| Tell us about who will be assisting you. |
| |
| |
| If you have identified partnerships and/or collaborations specific to the project |
| please identify them; please briefly provide details on the partnerships and /or collaborations and their role in the project. |
| Please name your partners and collaborators (Organizations names) |
| |
| |
| |
| |

| Looking at your above selections, (form of racism, focus and outcome that you are trying to address), how will you know when your project is successful? |
|--|
| |
| |
| How will you measure the results; in the above question? * |
| |
| |
| |

Budget

Please download and complete the budget template provided on the Anti-racism Grants Program page (under the Application Forms section) and attach it here.

Your budget must include:

- The amount of funding you are requesting. Provide details that allow the assessor to understand exactly how the budget number has been determined. For example 1 Project Coordinator (\$35/hour X 40 hours/week X 36 weeks) = \$50,400.
- The cash contribution clearly outlined, and whether amounts are confirmed or pending.
 Pending funds must be supported with documentation (e.g. where the funds are coming from, date of expected notification, alternate plan if the funds are not received, etc.)
- Details on the donated labour including a description of the work being done, how many people, for how many hours, and how it relates to the project. Rates are \$20/hour unskilled and \$40/hour skilled.
- The project expenses, including donated labour.
- Ineligible expenses cannot be included in your budget.

Anti - Racism Grant Application 2024 Please upload your budget here: * 49. Files submitted: **Application Attachments** If you are applying with a fiscal agent - you will need to attach their information below. If you have requested for us to match you with a fiscal agent, please re-attach your budget here, as this is a required question. Attach: Most recent Audited SIGNED Financial Statement approved at your Annual General Meeting, OR Internally generated SIGNED Financial Statements, AND Bank Statement dated with your year-end date AND A copy of your reconciliation documentation Annual General Meeting Minutes (with reference to the approval of the financials and quorum) 50. Application Attachments - Please make sure to attach ALL REQUIRED documents. Not attaching documents may result in your application being dismissed. Files submitted: Thank you The City of Edmonton thanks all applicants for their time and interest. By submitting this application, you indicate that you have read and understood the

Declaration and FOIP statement, have answered all of the questions to the best of your ability

and have included all of the required attachments.

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