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| **PROPONENT IDENTIFICATION RECORD** |
| **Name of organization:** | Click here to type text. |
| **Name of project:** | Click here to type text. |
| **Amount requested:** | Click here to type text. |
| **2022-2023** |
| **Name of person responsible:** | Click here to type text. |
| **Title of person responsible:** | Click here to type text. |
| **Address:** | Click here to type text. |
| **City:** | Click here to type text. |
| **Postal code:** | Click here to type text. |
| **Telephone:** | Click here to type text. |
| **Email address:** | Click here to type text. |
| **Website:** | Click here to type text. |
| [**Area**](http://www.mamrot.gouv.qc.ca/accueil/)**:** | Choose an entry. |
| **Québec Enterprise Number** [**(NEQ)**](https://www.registreentreprises.gouv.qc.ca/RQAnonymeGR/GR/GR03/GR03A2_19A_PIU_RechEnt_PC/PageRechSimple.aspx?T1.CodeService=S00436&Clng=F&WT.co_f=2e6a523dc89685639841384528462602)**:** | Click here to type text. |
| **Registration date :** | Click here to type text. |
| **Legal form:**(check one box only)**:** | [ ]  | **Non-profit organization** | [ ]  | **Cooperative** |
| [ ]  | **Indigenous Non-profit organization** | [ ]  | **Indigenous community** |
|  | [ ]  | **Other** |
| **Public annual report:** | YES [ ]   | NO [ ]   |
| **Fiscal year of the organization:** | From Click here to enter a date. to Click here to enter a date. |

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| **DOCUMENTS REQUIRED** |
| 1. **Review engagement or financial statements from the previous year**
 |
| 1. **Incorporating document**
 |
| 1. **List of members of the board of directors**
 |

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| **PRESENTATION OF THE ORGANIZATION** |
| 1. **Description of the requester :**
 |
| **Organization’s mission** |
| Click and type. |
| **Organization’s main activities** |
| Click and type. |

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| **PROJECT PRESENTATION** |
| 1. **Summary of the project :**
* Project must be developmental for the community;
	+ For examples of eligible projects, refer to the *Applicant Guide.*
* Indicate if cooperation is planned between Indigenous and non-Indigenous people.
* Define the community social context, if applicable.

 |
| Click and type. |

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| 1. **Project Objectives (Reply to the objectives of the call for projects) :**
* *Ex.: Contribute to the inclusion and involvement of Indigenous youth in their community or in Québec society*
 |
| Click and type. |

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| 1. **Target group:**
* Specify age range (*from 15 to 29 years old, or beginning at age 12 if it involves prevention*)
 |
| Click and type. |

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| 1. **Anticipated results:**
* Number of young people reached;
* Benefits for young people;
* Benefits for the community;
* Youth involvement into the project.
 |
| Click and type. |

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| 1. **List of project partners:**

*E.g.: volunteers, community agencies, political or community organizations, schools, health centres, external partners, financial partners* |
| Click an type. |

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| 1. **Activities to be conducted and necessary resources :**
 |
| Click and type. |

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| 1. **Implementation schedule:**
 |
| Click and type. |

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| **FINANCIAL STRUCTURE OF THE PROJECT** |
| **Revenues\*** | **Amount ($)** |
|  Secrétariat à la jeunesse (SAJ) |  |
|  Governments (provincial and federal) |  |
|  Other revenue sources. Please specify.  |  |
|   **TOTAL:** |  |
| **Expenditures\*** | **Amount ($)** |
|  Wages and fringe benefits |  |
|  Travel and accommodation expenses |  |
|  Communication equipment and costs |  |
|  Professional fees |  |
|  Cost of activities directed toward youth |  |
|  Other direct expenses: |  |
|  |  |
|  |  |
|  Management costs (maximum 10 %) |  |
|  **TOTAL** |  |

\* If so-called “in-kind” contributions or expenses in the form of goods and services are expected during the course of the project, please mention them.