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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. |
| **2019-2020** |
| **Name of person responsible:** | Click here to type text. |
| **Title of person responsible:** | Click here to type text. |
| **Address:** | Click here to type text. |
| **Municipality:** | 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. |
| **[Region](http://www.mamrot.gouv.qc.ca/accueil/) :** | Choose an entry. |
| [**Electoral**](http://www.electionsquebec.qc.ca/francais/index.php) **district:** | 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. |
| **Date of registration :** | Click here to type text. |
| **Legal form**(check one box only)**:** | [ ]  | **Non-profit organization** | [ ]  | **Cooperative** |
| [ ]  | **Aboriginal Non-profit organization** | [ ]  | **Aboriginal 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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| **PROJECT PRESENTATION** |
| * **Response to the objectives of the call for projects**

*Ex.: Contribute to the inclusion and involvement of Aboriginal youth in their community or in Québec society* Click or press here to enter text. |
| * **Nature and objectives of project**
* *Developmental project for the community*
	+ *For examples of eligible projects, consult the information guide.*
* *Collaboration between Aboriginal and non-Aboriginal people*
* *Social context of the community, if applicable*

Click or press here to enter text. |
| * **Target group**
* Specify age range (from *15 to 29 years, or beginning at age 12 if it involves prevention*)

Click or press here to enter text. |
| * **Anticipated effects**
* *Number of young people reached*
* *Spinoffs for young people*
* *Spinoffs in the community*
* *Involvement of youth in the project*

Click or press here to enter text. |
| * **List of project partners**

*E.g.: volunteers, community agencies, political or community organizations, schools, health centres, external partners, financial partners*Click or press here to enter text. |
| * **Activities to be conducted and necessary resources**

Click or press here to enter text. |
| * **Implementation schedule**

Click or press here to enter text. |

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| **DOCUMENTS REQUIRED** |
| * **Review engagement or financial statements from the previous year**
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| * **Incorporating document**
 |
| * **List of members of the board of directors**
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| **FINANCIAL STRUCTURE OF THE PROJECT** |
| **Revenues\*** | **Amount ($)** |
|  Secrétariat à la jeunesse (SAJ) |  |
|  Governments (provincial and federal) |  |
|  Other sources of revenue. Please specify.  |  |
|   **TOTAL** |  |
| **Expenditures\*** | **Amount ($)** |
|  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 (10 % maximum) |  |
|  **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.