|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
| * **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.