

# APPLICATION FORM FOR FINANCIAL ASSISTANCE



## Information about the organization

Name of organization:	
Address:	
Telephone:	NEQ #:
E-mail address:	

## Information on the person responsible for the project

Name:	
Function:	
Telephone:	E-mail:

### Documents to be provided to support the funding application and project analysis:

#### Checklist:

- Charter information;
- Resolution authorizing a designated person responsible for the project, including signing authority;
- Complete list of the organization's board of directors;
- Financial statements for the last 3 years or bank statements for the months of January, June and October;
- Copy of quotes (invoices are not admissible);
- Confirmation of financial partners;
- Confirmation and proof of promoter's contribution (in monetary form);
- Proof of insurance, if applicable;
- Letters of support, if applicable;

## Status of the business or organization

- Non-profit organization:  
Does your organization collect taxes:    Yes    No
- Band Council
- Cooperative
- Municipal Organization
- Organization from educational/health network
- Others (specify): \_\_\_\_\_

## Describe the mandate and the sector of activity of the organization.

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What is the targeted sector of activity of this project? \_\_\_\_\_

(1. Cultural, 2. Economic, 3. Environmental, 4. Social, 5. Touristic, 6. Technological)

## Jobs/Job Creation:

Does your organization have full-time employees? If yes, how many? \_\_\_\_\_

How many jobs will be created with this project? \_\_\_\_\_

How many jobs will be maintained at the end of the project? \_\_\_\_\_

**Provide a brief history of the organization**

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**Type of service requested:**

**Financial support**

Financial aid programs:

- Rural Development Fund (RDF)
- Structural Projects Fund (SPF)
- Quebec Social Initiative Fund (FQIS)
- Regional Social Programs Support Fund (RSPSF)
- Unsure (An agent will work with you to determine which fund will be best for your project)

**Technical support**

- Reference services
- Business plan
- Feasibility study
- Training
- funding research
- other (please specify): \_\_\_\_\_

**Which category is best related to your request?**

- Start-up
- Expansion
- Asset acquisition
- Study (feasibility, etc.)
- Other (please specify): \_\_\_\_\_

**Title of the project**

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**Detailed description of the project ATTACH an additional sheet if necessary**

(presentation of the project, objectives, services/products offered, expected impacts, etc.)

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**Project start date:** \_\_\_\_\_

**Project end date:** \_\_\_\_\_

**What geographical impact will your project have? (1. Local, 2. Territorial, 3. Regional, 4. Provincial) \_\_\_\_\_**

If Local, please indicate which communities/municipalities will this project serve:

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**Indicate which of these priorities best describes the project:**

- Proximity services (social programs, environment, improved community services, community development, or transportation)
- Well-being of the population (sports and leisure)
- Job Creation
- Communications (access to new technology, transfer of knowledge, etc.)
- Other (please specify): \_\_\_\_\_

**Indicate which group(s) will most benefit from the project:**

- Youth
- Families
- seniors
- Businesses
- Other (specify): \_\_\_\_\_

**Only complete the following section if seeking financial support.**

**Financing plan**

Indicate the estimated total cost of the project, **excluding** volunteer work. Please attach all quotes.

Material	Cost before taxes	GST	PST	Total
Equipment	Cost before taxes	GST	QST	Total
Labour	Cost before taxes	GST	QST	Total
Other	Cost before taxes	GST	QST	Total
Total				

List the sources of funding. Please attach copies of confirmed financial partners.

Sources of funding	\$Amount
<b>Sub-total</b>	
<b>Amount requested from the MRC du-Golfe-du-Saint-Laurent</b>	
<b>Total</b>	

\* It is MANDATORY for the promoter to make a monetary contribution to the project (amount required varies between MRC funds and/or government funding). Please attach proof of promoter contribution.

**Volunteer contributions**

Indicate if any, the volunteer work that is expected to be carried out by your organization.

Detailed description of the unpaid contribution		
Activity	Number of persons	Number of hours
<b>Total</b>		

**Promoter declaration:**

I consent to having my file analyzed in accordance with the policies in place at the MRC du Golfe-du-Saint-Laurent and understand that additional information or documents may be requested in order to do so.

I hereby certify that the information provided on this application form and in the accompanying documentation is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon reception of the application form, an Agent will be assigned to your file and will carry out the necessary procedures to evaluate and assist with your project. It is important to include with the application form, all the documents as mentioned on page 1 to avoid delays. If additional information or documents are required and no contact has been made with the MRC agent for a period of 30 days, the file will be closed.

The MRC reserves the right to perform credit checks on any individual or business that applies for funding at the MRC.

**Expenses incurred prior to the acceptance of the project by the council of the MRC and signature of financial aid agreement by both parties are inadmissible.**

Financial assistance application forms can be submitted by e-mail at [info@mrcgsl.ca](mailto:info@mrcgsl.ca), or by mail to the following address:

MRC du Golfe-du-Saint-Laurent  
29, chemin d'Aylmer Sound, bureau 400, P.O. Box 77  
Chevery QC G0G 1G0