



# Stanstead

## REQUEST FOR MUNICIPAL GRANT 2019 FINANCIAL SUPPORT

Please send your request to the following address:

**Mrs. Sonia Doiron**  
[loisirs@stanstead.ca](mailto:loisirs@stanstead.ca)  
425 Dufferin Street  
Stanstead, Quebec J0B 3E2  
Tel.: 819-876-7181, ext. 7

**Deadline for receipt of applications: Friday, October 12, 2018**

### IDENTIFICATION

**. Identification of the sponsor or organization**

Name of the sponsor or the organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**. Person responsible for the project**

Name of the person: \_\_\_\_\_

Title or function: \_\_\_\_\_

**. Brief description of the sponsor or the organization**

(Indicate the goals, objectives, focus area and key achievements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**. Target of clientele:** \_\_\_\_\_

**. Origin of participants:** \_\_\_\_\_

**. Number of participants residing in Stanstead:** \_\_\_\_\_

**. Total number of participants or members:** \_\_\_\_\_

**. Legal status of the organization**

Non-profit organization, incorporated:	<input type="radio"/>	Private, for-profit basis:	<input type="radio"/>
Non-profit organization, not incorporated:	<input type="radio"/>	Social economy:	<input type="radio"/>
Cooperative:	<input type="radio"/>	Other:	_____

**. Number of volunteers in the organization:** \_\_\_\_\_



# Stanstead

## HOW DO YOU PLAN ON USING THE GRANT:

---

---

## EXPENSES AND REVENUES

Expenses:	Amount \$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	_____
<b>Other grant(s) or donation(s) received:</b>	
_____	_____
_____	_____
_____	_____
<b>Operating income</b> (subscriptions, fundraising activities, membership fees, etc.):	
_____	_____
_____	_____
_____	_____
_____	_____
<b>Amount of the grant requested to the Town:</b> _____ \$	
<b>Please indicate the amount of the grants received by the Town in the last three years:</b> _____ (\$); _____ (\$); _____ (\$)	

## ANNUAL PERIOD OF ACTIVITY

Start date of the activities: _____	End date of the activities: _____
-------------------------------------	-----------------------------------

### Please attach:

- A copy for your letters patent (only applicable for a first request to the Town);
- A copy of your activity program;
- A copy of your last financial report;
- A proof of liability insurance covering the full spectrum of the activities of the group for the year 2019, hence from January 1<sup>st</sup>, 2019 to December 31, 2019.

Signature and title of the applicant: \_\_\_\_\_