



DONATION AND GRANT REQUEST FORM

APPLICANT IDENTIFICATION

Request date : _____

Name of organization : _____

Non-profit organization?

Name and title of person responsible : _____

Address : _____

City : _____

Postal code : _____

Telephone : _____

Fax : _____

Email : _____

Website : _____

Mission of the organization :

Year organization was founded : _____ Annual budget : _____

Financing sources : _____

Number of paid employees : _____ Number of volunteers : _____



DONATION AND GRANT REQUEST FORM

DONATION REQUEST

Description of your mission or cause :

Impact on the population of Stanstead :

Sectors touched by the project :

Development

Education

Recreation/culture/sports

Health

Community

Other

Amount request for the year 2021 : _____

GRANT REQUEST

Project name :

Sectors touched by the project :

Development

Education

Recreation/culture/sports

Health

Community

Other

Start date : _____

End date : _____

Location to be held : _____

Territory covered : _____



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GRANT REQUEST, cont.

Project description :

Project objectives :

1. _____
2. _____
3. _____

Request amount of financial aide :

Sources of financial aide other than the Town of Stanstead :

Number of people expected or touched by the project :

Could this be a recurring request over the next few years ?

Public targeted by the project (youth, elderly, families, businesses, etc.) :

What is the policy in case of cancellation ?

Other partners :



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VISIBILITY

What visibility will you offer the Town to highlight its contribution?

SUBMITTING YOUR REQUEST

For donations :

- Description of the organization

For grants :

- Description of the organization
- Project description
- Total budget details for the project
- Communication plan
- List of board members and contact info

Please address your requests to :

Town of Stanstead
Mr. Jean-Charles Bellemare, general manager
425 Dufferin Street
Stanstead, Quebec J0B 3E2
info@stanstead.ca

Applicant name : _____

Signature: _____

Signed in : _____ Date : _____