

FUNDING REQUEST FORM

2024

NPO -non-profit organization

Please complete all the fields in the form below.



MORIN-HEIGHTS
1855

L'harmonie c'est dans notre nature

**SERVICE DES LOISIRS, DE LA CULTURE
ET DE LA VIE COMMUNAUTAIRE**

567, chemin du Village,
Morin-Heights, Québec J0R 1H0

MANDATORY INFORMATION TO BE COMPLETED

1. INFORMATION ABOUT THE ORGANIZATION

Name of the organization	:			
Delegate	:	Position	:	
Postal address	:			
Telephone day	:	Telephone evening	:	
Email	:			

Number of volunteers working for the organization in 2023 : _____

Date of election of directors : _____

Number of members Morin-Heights residents : _____ Non-residents : _____

Age breakdown of the memberships in the organization ☐ 0-5 yrs ☐ 6-12 yrs ☐ 13-17 yrs ☐ 18-55 yrs ☐ 56-65 yrs ☐ 66 yrs +

2. TECHNICAL ASSISTANCE REQUESTED

Use of municipal rooms	<input type="checkbox"/> yes, regularly	<input type="checkbox"/> yes, occasionally	<input type="checkbox"/> no				
Period of use	From	:	_____	To	:	_____	
	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Describe the technical assistance required							

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3. FINANCIAL ASSISTANCE REQUESTED

☐ yes

☐ no

☐ yes

☐ no

If yes, please describe the activity (use another sheet if required)

To be completed by all organizations requesting financial assistance

DATE OF THE EVENT :

AMOUNT REQUESTED :

\$

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4. 2023 OPERATING BUDGET OF ORGANIZATION

From : To :

EXPENSES	REVENUES
Salaries, honoraria's	Start-up fund
Travelling	Registration fees
Communication	Late fees
Professional services	Fundraising
Supplies	Tournament
Equipment	Sponsorship
Bank, financial fees	Donations
Membership fees	Bank interest
Training	Grants
Rental	Registration to activities
Office expenses	Other revenues (specify)
Accounting and audit	SUB-TOTAL \$
Other expenses (specify)	AMOUNT REQUESTED \$
TOTAL EXPENSES \$	TOTAL REVENUES \$

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● TO BE COMPLETED BY ORGANIZATIONS
REQUESTING ASSISTANCE FOR A SPECIFIC
ACTIVITY, IF APPLICABLE

5. OPERATING BUDGET FOR SPECIFIC ACTIVITY FOR WHICH FUNDING IS REQUESTED

Name of the activity : _____

EXPENSES	REVENUES
Salaries, honoraria's	Start-up fund
Travelling	Registration fees
Communication	Late fees
Professional services	Fundraising
Supplies	Tournament
Equipment	Sponsorship
Bank, financial fees	Donations
Membership fees	Bank interest
Training	Grants
Rental	Registration to activities
Office expenses	Other revenues (specify)
Accounting and audit	SUB-TOTAL \$
Other expenses (specify)	AMOUNT REQUESTED \$
TOTAL EXPENSES \$	TOTAL REVENUES \$

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● INFORMATION REQUIRED FOR FUNDING REQUEST

Please annex the following documents along with your funding request:

1. A copy of the organization's annual declaration
2. A copy of the organization's annual program of activities
3. A current list of the names, telephone numbers, and addresses of the organization's administrators
4. A list of projects and activities planned for the following year (January to December)

Name of the person making the request : _____

Complete address : _____

Phone number : _____ Email : _____

I, the undersigned, _____ certify that all the information contained in this form is true and that I have provided all the necessary original documents requested for my application to be processed.

Signature

Date

Print, complete and return application form along with the requested information before October 15, 2023 by email to karyne.bergeron@morinheights.com or in person at the Recreation, Culture and Community Life Department offices located at Chalet Bellevue