



MORIN-HEIGHTS
1855

Request for Assistance for 2022

1. ORGANIZATION INFORMATION

Name of organization	
Delegate:	
Position:	
Postal address	
Telephone - day	
Fax - day	
E-mail	

Number of volunteers involved in running the organization in 2021:

Date (month) of elections for board :

Number of members : Morin-Heights residents

Non-residents

Age breakdown of memberships in your organization:

0- 5:	<input type="text"/>	6-12:	<input type="text"/>	13-17:	<input type="text"/>	18-55:	<input type="text"/>	56-65:	<input type="text"/>	66 +:	<input type="text"/>
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2. TECHNICAL ASSISTANCE REQUESTED

Use of municipal room No Yes, occasionally Yes, regularly

Day Evenings **Period of use :** From: To:

Mon Tues Wed Thur Friday Saturday Sun

Describe the technical assistance required

To be completed by all organizations requesting financial assistance:

4. 2022 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		Corporate sponsor	
Bank, financial fees		Donations	
Membership fees		Bank interest	
Training		Grants	
Rental		Registration to activities	
Office fees		Other revenues (specify)	
Accounting and audit		Sub-total	
Other expenses (specify)		Amount requested from the Municipality	
TOTAL EXPENSES	\$	TOTAL REVENUS	\$

To be completed by organisations requesting assistance for a specific activity, if applicable

5. OPERATING BUDGET FOR SPECIFIC ACTIVITY TO BE SUBSIDISED

Name of Activity _____

Expenses		Revenues	
Salaries, honoraria's		Start-up fund	
Travelling		Registration fees	
Communication		Late fees	
Professional services		Fundraising	
Supplies		Tournament	
Equipment		Corporate sponsor	
Bank, financial fees		Donations	
Membership fees		Bank interest	
Training		Grants	
Rental		Registration to activities	
Office fees		Other revenues (specify)	
Accounting and audit		Sub-total	
Other expenses (specify)		Amount requested from the Municipality	
TOTAL EXPENSES	\$	TOTAL REVENUS	\$

6. INFORMATION REQUIRED for Assistance Requests:

Please annex the following documents along with your request for assistance:

- ❑ *A copy of the organization's annual declaration*
- ❑ *A copy of their annual program of activities*
- ❑ *A current list of names, phone numbers, and addresses of the organizations administrators.*
- ❑ *The list of projects and activities planned for the upcoming year of activities (January to December)*

Signature

Date

Print, complete and return application form along with the requested information **before October 15, 2021** by email at karyne.bergeron@morinheights.com or drop it at the Recreation, Culture and Community Life Department offices located at Chalet Bellevue