

FINANCIAL ASSISTANCE APPLICATION FORM
and/or TECHNICAL AND LOGISTIC SUPPORT

APPLICATION ASSESSMENT

1. Informations about the organization

Name of the organization:

Civic address of organization:

Number of years of existence:

Responsible of the project:

Telephone number:

Email adress:

Number of members
and/or volunteers:

2. Informations about the project

Name of the project:

Date(s) :

Description:

(By showing what need it meets, and what benefit(s) it provides).

Impact, valorization and visibility for Ville de Percé:

Number of participants and/or assistance:

Cost of the project:

Financing:
(budget and resources)

Partner(s):

Organization	Contribution

Amount requested:

Signature : _____

Date : _____