Culture, Sports, Leisure and Community Development

City of Pointe-Claire Support Program for Organizations

APPLICATION FORM

☐ First request
☐ Renewal

Please check one:
☐ Cultural organization
☐ Community action
☐ Seniors group
☐ Sports, leisure, and special events

SECTION 1 – GENERAL INFORMATION

1.1 ORGANIZATION INFORMATION

Legal name of the organization	Mailing address	Postal code

Head office address (if different from the mailing address)	Postal code

Website	Email	Telephone

1.2 CONTACT INFORMATION

Name of President/Director/Board of Directors' Secretary	Telephone (home)	Telephone (office)

Mailing address (if different)	Postal code	Telephone (cellular)

Contact person for the application	Title	Email	Telephone

1.3 DISCLOSURE OF PERSONAL INFORMATION AUTHORIZATION

I hereby agree that the City may communicate the personal information contained in section 1.2 to any person requesting such information.

Name (please print)	Signature

1.4 ADDITIONAL INFORMATION

Does your organization have a certificate of incorporation (letters patent) or any other convention of existence?

☐ No

☐ Yes (please provide your Quebec Enterprise Number (NEQ) from the *Registraire des entreprises du Québec*)

Year of foundation

Annual general meeting of your organization
Please enter the date of your last annual general meeting.

Mission
Please describe briefly your organization's mission and objectives.

Does your organization have insurance coverage?
☐ No ☐ Yes (please specify what kind of coverage)

☐ Directors and officers
☐ Legal liability
☐ Goods
☐ Other (please specify):

Information on related organizations (if applicable)

Does your organization have business links with related organizations?
☐ No ☐ Yes (please list the names of the related organizations)

1.5 RESOLUTION

Organization's resolution to apply for support from the City of Pointe-Claire's Support Program for Organizations.

I, the undersigned, (name of the Board of Directors' President or Secretary), hereby confirm that, on its meeting on (date of the meeting), the Board of Directors of (legal name of the organization):

- ✓ **approved and adopted the documents included in this application,**
- ✓ **and that the following people have been duly authorized to sign a memorandum of agreement with the City of Pointe-Claire's Department of Culture, Sports, Leisure and Community Development (if applicable).**

Name of President or Secretary (please print)	Signature

SECTION 2 – STATISTICAL INFORMATION

2.1 ORIGIN OF PARTICIPANTS

Number of participants

Please indicate the percentage of participants living in Pointe-Claire.

2.2 PARTICIPANTS' AGE GROUPS

Please specify your participants' age groups.

☐ Preschool (0-4 year-olds)
☐ Children and teens (5-17 year-olds)
☐ Young adults (18-30 year-olds)
☐ Adults (31-59 year-olds)
☐ Seniors (60 and up)

2.3 FINANCIAL POSITION

Please indicate your fiscal year-end date.

REVENUES	Previous year	Current year
Registration revenue	$ 0.00	$ 0.00
Sponsorship	$ 0.00	$ 0.00
Financial assistance from the Government of Quebec	$ 0.00	$ 0.00
Financial assistance from the Government of Canada	$ 0.00	$ 0.00
Municipal financial assistance *	$ 0.00	$ 0.00
Financial assistance from community organizations	$ 0.00	$ 0.00
Other	$ 0.00	$ 0.00
TOTAL REVENUES	$ 0.00	$ 0.00
EXPENSES	**Previous year**	**Current year**
Administration (operating costs)	$ 0.00	$ 0.00
Communication and promotion	$ 0.00	$ 0.00
Logistics and production (rentals, purchases, etc.)	$ 0.00	$ 0.00
Duty entertainment expenses (meals, transportation, etc.)	$ 0.00	$ 0.00
Professional fees and salaries	$ 0.00	$ 0.00
Other	$ 0.00	$ 0.00
Contingency	$ 0.00	$ 0.00
TOTAL EXPENSES	$ 0.00	$ 0.00
SURPLUS (DEFICIT)	$ 0.00	$ 0.00

These amounts must be consistent with your financial report.

* If your organization receives support from more than one municipality, please enclose with your application a list detailing all amounts received from each municipality.

2.4 OTHER STATISTICS (if applicable)

Please indicate, for the previous year, your total number of:

Concerts and shows		➔ Number of spectators	
Workshops and trainings		➔ Number of participants	
Exhibitions		➔ Number of spectators	
Tournaments		➔ Number of spectators	

SECTION 3 – DESCRIPTION OF THE APPLICATION

Please use this section to describe your request.

3.1 TITLE OF YOUR PROJECT, SPECIAL EVENT OR ACTIVITY

3.2 DESCRIPTION OF YOUR PROJECT

Please describe the project for which you are asking for financial assistance and explain how it meets the objectives of the City of Pointe-Claire's Support Program. You must include indicators of success (minimum 100 words).

3.3 DURATION OF THE PROJECT

Beginning of project (day / month / year)

End of project (day / month / year)

3.4 CARRYING OUT THE PROJECT, SPECIAL EVENT OR ACTIVITY

Please describe the project's steps and timeline.

3.5 PROMOTIONAL PLAN

Please describe your promotional plan (maximum 500 words).

3.6 FUNDING SOURCES

Grants and sponsorships in money

	Amount	Confirmed?	
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐
	$ 0.00	Yes ☐	No ☐

SECTION 4 –
TYPES OF SUPPORT REQUESTED

Please complete this section for the description of your request, if applicable.

4.1 FINANCIAL ASSISTANCE

Do you want to receive direct financial assistance?

☐ No
☐ Yes (please specify the desired amount)

$ 0.00

Did your organization receive a grant from the City of Pointe-Claire last year?

☐ No
☐ Yes (please specify the amount received)

$ 0.00

If you are asking a greater sum this year than the amount you received last year, **please specify the reasons justifying this difference**.

4.2 PROMOTION AND PUBLICITY

Pointe-Claire newsletter ☐

Promotion in which issue: Spring ☐
Fall ☐
Winter ☐

Calendar (City of Pointe-Claire website)

☐ Yes
☐ No

4.3 INSURANCE

Is your organization covered by the City of Pointe-Claire's insurance policy?

☐ No ☐ Yes – Do you wish to keep this service? * ☐ Yes ☐ No

**** Only organizations currently covered through the City of Pointe-Claire's insurance can continue to benefit from this service.***

4.4 MATERIAL SUPPORT (PREMISES)

Premises can be made available to organizations for various activities. Please list your needs for the year.

Date	Premises	Type of activity

Date	Premises	Type of activity

Date	Premises	Type of activity

Date	Premises	Type of activity

Date	Premises	Type of activity

Date	Premises	Type of activity

4.5 TECHNICAL SUPPORT

Would you like support related to technical costs?

☐ No

☐ Yes – How many hours of technical support do you think you need?

4.6 MATERIAL SUPPORT - EQUIPMENT

Date	Equipment	Date	Equipment

4.7 ADMINISTRATIVE SUPPORT

Date	Description	Date	Description

SECTION 5 – DOCUMENTS TO ATTACH AND CONDITIONS

The organization **must** include the following additional documents with its application. Ideally, they will be produced using word-processing software.

ANNEX 1 Your annual events programming	**ANNEX 4** Copy of your certificate of incorporation (letters patent) **(MANDATORY ONLY WHEN FILING OF A FIRST REQUEST)**
ANNEX 2 Detailed and balanced budget estimates	**ANNEX 5** Full list of members of the Board of Directors and their mailing address (**MANDATORY**), and of paid staff (if applicable)
ANNEX 3 Last activity report and financial statement approved by your Board of Directors, including participation statistics	**ANNEX 6** Promotional tools of the previous year showing the City's support for your activities

Please submit this form and its the annexes no later than April 1 or September 1. Your application must be complete to ensure appropriate processing.

The organization must inform the City of any change in its name, legal status, address and the nature of its activities as well as any change to the objectives, timeline or any component of the project for which support has been granted.

I have read the guidelines applicable to the City of Pointe-Claire's support program for organizations. I understand and agree to abide by them. Furthermore, I certify that the information about the applicant group and the undersigned provided on this request addressed to the City of Pointe-Claire is true.

President (please print)	Signature	Date

Contact person for the application	Signature	Date

Print

Save a copy on your computer