

Recreational Activities Assistance Program in leisure

for persons living with a disability



Financial Assistance Application Form 2009-2010

For AlterGo's use only

Please use a word-processing program or write clearly.

A Microsoft Word version is available in French or English on our Website: www.altergo.net

Project Year

Name of organization

I. Name and address of organization (official name according to registration certificate), along with name of president

Organization _____

Address _____

City _____ Postal code _____

Telephone () _____

Fax _____ e-mail _____

Name of president _____

II. Name and address of person in charge of project (contact person)

Person in charge of project _____

Address _____

Telephone (work) _____ Telephone (home) _____

III. Accompanying documentation (mandatory)

- Photocopy of the declaration annuelle de la personne morale 2008 from the Registraire des entreprises du Québec yes no
- Evaluation report yes no previously submitted
(Only for organizations that received financial Assistance through the program in 2008-2009)
- Information brochure yes no

Final date to registre : August 22, 2009

IV. Project Information

Name of project _____

Description _____

Type of disability (indicate the number of participants for each disability group)

Motor Auditory Autistic Intellectual Visual

Mental illness Multiple disabilities (please specify) _____

Age group of participants (indicate the number of participants for each age group)

0-6 years 7-12 years 13-17 years

18-35 years 36-54 years 55 years and older

Total number of participant's _____ Main activity site _____

Activity schedule _____

Total hours designated for activity (combined) _____

Number of hours per week _____ Total hours for activity (per participant) _____

Number of staff overseeing activity _____

V. Budget

Summary of budget estimates* only for the project

Estimated revenues

- Recreational Activities Assistance Program _____ \$

- Participant registration _____ \$

- Organizational funds _____ \$

- Partner organizations (please specify) _____ \$

- Other (please specify) _____ \$

Total _____ \$

Estimated expenses

- Human resources wages _____ \$

- Rental fees _____ \$

- Transportation _____ \$

- Miscellaneous (please specify)

_____ \$

Total _____ \$

* The submitted budget must be balanced. The financial assistance requested must not exceed 75% of the total cost of the project

VI. Additional information (use another sheet if necessary)

1. Is it a new activity yes no if not, details :

2. How will this new project allow persons living with a disability to explore and develop new interests related to leisure activity?

3. How did you identify this new need? (How does this project differ from your current activities?)

4. How does this project encourage partnership and collaboration with other community organizations, such as recreational organizations, the boroughs, businesses, CLSC's, schools, etc.? (please specify names of partner organizations)

5. How do you intend to promote this project? (articles in publications, information campaign targeting the public at large and/or specific organizations, etc.)

6. Are the types of activities proposed in your project offered by other organizations in Montreal? If so, how do your activities differ from these, or how do they complement them?

7. Briefly explain why you feel the amount of financial assistance you are applying for is necessary (re: allocation of funds).

8. Additional information (if applicable).

We hereby attest that the information provided above is correct. In the event that we receive financial assistance through this program, we commit to using the funds as specified in this agreement and to respect the program requirements as specified by AlterGo.

Name (please print)

Position of authorized person

Signature of authorized person

Date

IMPORTANT

It is highly recommended that all information pertaining to the Recreational Activities Assistance Program be read carefully prior to filling out the application form.

All correspondence should be addressed to:
AlterGo
525 Dominion street, suite 340
Montreal (Quebec) H3J 2B4

Informations :
Miss Benzir Begum
AlterGo: 514 933-2739 ext. 243
benzir@altergo.net

This document is available on AlterGo's
Website: www.altergo.net

Thank you to our partners:



Sport et Loisir de l'île de Montréal

