



Appendix A

**2010 Application Form
Certification of community organizations
Start-up groups**

1. Identification

1.1. Name of group: _____
1.2 Contact person: _____
1.3 Mailing address: _____
City: _____ Province: _____ Postal code: _____
Telephone: _____ Fax: _____
E-mail: _____

2. Information to be attached

- 2.1 Provisional mandate
- 2.2 Target clientele
- 2.1 Provisional operating budget
- 2.4 List of citizens involved in the project
(include name, address, telephone number)

Signature of authorized person **Date**

This application is valid for a six-month period.

For administrative use only
Date received: _____

Eligibility criteria

- Intention to create a non-profit organization
- Intention to create a democratic structure
- Provisional mandate
- Target clientele
- Provisional operating budget
- List of citizens involved in the project

Comments: _____

Recommendation: YES or NO
Date of confirmation: _____
Permit number: _____