

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.

<p>For administrative use only</p> <p>Date received: _____</p> <p>Eligibility criteria</p> <ul style="list-style-type: none"><input type="checkbox"/> Intention to create a non-profit organization<input type="checkbox"/> Intention to create a democratic structure<input type="checkbox"/> Provisional mandate<input type="checkbox"/> Target clientele<input type="checkbox"/> Provisional operating budget<input type="checkbox"/> List of citizens involved in the project <p>Comments: _____ _____ _____</p> <p>Recommendation: YES or NO</p> <p>Date of confirmation: _____</p> <p>Permit number: _____</p>
