



Appendix B

2010 Application Form
Certification of community organizations
Program Exchange

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

- Eligibility criteria (cost, age, place of residence)
Program objectives
Target clientele
Operating budget

2. Resources requested from the municipality (rooms, equipment, personnel, etc.)

Blank lines for resource requests

Signature of authorized person Date

Signatory's title

This application is valid for a six-month period.

For administrative use only
Date received:
Eligibility criteria:
Non-profit organization or public service agency
Program or event that responds to the citizens' needs
Program or event that is not offered in the municipality
Program or event objective
Target clientele
Operating budget
Comments:
Recommendation: YES or NO
Date of confirmation:
Permit number: