

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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: <input type="checkbox"/> Non-profit organization or public service agency <input type="checkbox"/> Program or event that responds to the citizens' needs <input type="checkbox"/> Program or event that is not offered in the municipality <input type="checkbox"/> Program or event objective <input type="checkbox"/> Target clientele <input type="checkbox"/> Operating budget Comments: _____ _____ _____ _____ Recommendation: YES or NO Date of confirmation: _____ Permit number: _____
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