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| 1. **Information on the applicant**
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| Name of the applicant:  |
| Postal address:  |
| City:  | QC | Postal code:  |
| E-mail:  |
| Tel.:  | Cell:  |

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| 1. **Information on the project**
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| Title of the project or activity:  |
| Start date: Choose a date | End date: Choose a date |
| Contact person:  | Position:  |
| E-mail:  | Tel.:  |
| Cell:  | Amount asked for:  |

**Type of project or activity:**

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| Choose a project category |
| Explanation (if applicable):  |

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| 1. **Description of the project**
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| **Please describe the project for which you are requesting funding, in as much detail as possible.** |
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| **Please state how will your project fulfill one or more objectives of the program.** |
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| **Please describe the expected outcomes of your project for the indigenous milieu.** |
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| **Please state the steps taken to obtain financing from other Government of Québec departments and bodies.** |
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| **If you need more space, please attach additional pages.****For non-Indigenous applicants, please join a demonstration of the support from the indigenous milieu.** |

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| 1. **Budget forecast (if funding has been confirmed, check the box and attach supporting documents)**
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| --- | --- | --- |
| Projected Expenses  | Projected Funding | SupportConfirmed |
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
|  |  $ |  |  $ |[ ]
| **Total**  |  $ | **Total** |  $ |  |

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| 1. **Declaration**
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| I declare that the information provided on this form is accurate and complete. |
| Signature (as applicable) |  | Date: Click here to select a date |
| Name (in block letters):  |  | Position:  |

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| 1. **Contact information**
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Send the duly completed form and appended documents, if applicable, either:

|  |  |
| --- | --- |
| By e-mail: Projetsponctuels-srpni@mce.gouv.qc.ca | By mail:Indigenous Projects (PPA)Secrétariat aux relations avec les Premières Nations et les Inuit905, avenue Honoré-Mercier, 1er étageQuébec (Québec) G1R 5W5 |