

# NEW BRUNSWICK /QUÉBEC COOPERATION PROGRAM

## Note to Participants

Please read the following instructions carefully before completing the application form.

1. Fill out, USING CAPITAL LETTERS, one form for each project, and submit the original copy.
2. Use the spaces provided on the form when answering the questions. If you feel that certain points need to be elaborated on in order for the project to be fully understood, attach brief explanations.
3. Answer each of the questions, as they will all be taken into consideration when the project is assessed.
4. Estimated Budget:  
  
Expenditures: For each item of expenditure related to the project, provide all known details (number, travel destination and duration of trip, fees, etc.).  
  
Revenue: Indicate all sources of revenue, including the contribution of each participant, along with the amount.
5. For those participants who have received past financial assistance under this program, the allocation of new financial assistance is conditional on the receipt and approval of the activity report for the previous project.
6. The registration deadline is April 1 of the current year.

# NEW BRUNSWICK /QUÉBEC COOPERATION PROGRAM

## Application Form

For administrative use only


### 1. TITLE OF PROJECT

\_\_\_\_\_

### 2. DURATION OF PROJECT

Begins: \_\_\_\_\_, \_\_\_\_\_ Ends: \_\_\_\_\_, \_\_\_\_\_

### 3. IDENTIFICATION OF PARTICIPATING ORGANIZATIONS (Associations, institutions, groups, or individuals)

#### APPLICANT ORGANIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of chairperson: \_\_\_\_\_

Name and title of person responsible for project: \_\_\_\_\_

Is this a non-profit organization? Yes  No

#### ORGANIZATION FROM THE OTHER PROVINCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of chairperson: \_\_\_\_\_

Name and title of person responsible for project: \_\_\_\_\_

Is this a non-profit organization? Yes  No



Gouvernement du Québec  
Ministère du Conseil exécutif  
Secrétariat aux affaires  
intergouvernementales canadiennes

4.

**New Brunswick**  
Intergovernmental and  
Interprovincial Relations

## **DESCRIPTION OF PROJECT**

**Describe your project, providing details on the following points:**

- **Needs to be met**
- **Targeted objectives**
- **Clienteles concerned**
- **Nature of activities planned and complete project schedule**
- **Names and functions of persons working on the project within each participating organization**

- 5. DESCRIPTION OF PROJECT-DEVELOPMENT STEPS ALREADY TAKEN BY PARTICIPANTS**  
(E.g., meetings and contacts between participants, expert opinion, feasibility study, etc. If applicable, attach any related documentation.)

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- 6. FORESEEABLE IMPACT**  
(Short-, medium-, and long-term impact of this cooperation initiative on your field of activity, in both Québec and New Brunswick)

7. ESTIMATED BUDGET

Year carried out: \_\_\_\_ - \_\_\_\_

REVENUE	EXPENDITURES
<p><b>Only certain expenditures associated with carrying out the project are eligible. (For instance, do not include costs relating to the regular management and administration of the participating organizations [salaries, current operating costs], capital expenditures, or the acquisition of movable assets.)</b></p> <p>· <b>Transportation:</b> _____</p> <p>· <b>Length of stay:</b> _____</p> <p>· <b>Fees:</b> _____</p> <p>· <b>Purchase or lease of various supplies:</b> (Specify)</p> <p>_____</p> <p>_____</p> <p>· <b>Communications</b> (advertising, production of material, etc.): (Specify)</p> <p>_____</p> <p>_____</p> <p>· <b>Other expenditures:</b> (Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>TOTAL EXPENDITURES:</b> _____</p>	<p><b>Contribution of participating organizations:</b> (Identify each organization.)</p> <p>_____</p> <p>_____</p> <p><b>Government contributions:</b> (Specify whether federal or provincial, and indicate the department concerned.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Other sources of revenue</b> (sponsors or other grants): (Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Financial assistance requested under the New Brunswick / Québec Cooperation Program:</b></p> <p>_____</p> <p><b>TOTAL REVENUE:</b> _____</p>

**8. PREVIOUS ASSISTANCE**

**Have you received financial assistance in the past under the New Brunswick/Québec Cooperation Program for a similar project?**

**Yes  No**

**If yes, specify:**

<b>Year</b>	<b>Title of project</b>	<b>Amount of financial assistance</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**9. UNDERTAKINGS OF APPLICANT ORGANIZATION**

**(To be signed by the applicant organization or its authorized representative)**

**We certify that, to the best of our knowledge, the information provided is accurate.**

**We undertake to carry out the project as described in this application.**

**We undertake to mention the assistance obtained under the Québec-New Brunswick Cooperation Program on all documentation (correspondence, advertising, brochures, publications, etc.).**

**We further undertake to submit an activity report, including a balance sheet for the project, no later than one month after the date given for completion of the project.**

\_\_\_\_\_  
**Name of organization**

\_\_\_\_\_  
**Title of person responsible for project**

\_\_\_\_\_  
**Name of chairperson**

\_\_\_\_\_  
**Name of person responsible for project**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**