

1. GENERAL INFORMATION CONCERNING THE BODY

Legal name of body:

Québec enterprise number (QEN):

Address of head office (number, street):

City:

Administrative region:

Postal code:

Telephone:

Fax:

E-mail address:

Website:

Name of representative designated by the body:

Profession of the designated representative:

Address of the designated representative (number, street):

City:

Administrative region:

Postal code:

Telephone:

Fax:

E-mail address of the designated representative:

2. DESCRIPTION OF PROJECT

Title of project

Focus (one or more)

Research

Awareness

Information

Training

Start date

End date

Amount of the financial assistance

Description of project

(context, background, connection with victims' needs, hypothesis, expected outcomes, products, etc.)

Context

Background

Connection with victims' needs

Hypothesis

Expected outcomes

Products

Target clientele for the project

Geographical coverage of the project

**Is this an innovative project?
If so, why?**

3. OBJECTIVES OF PROJECT

| Objective | Link with assistance for victims of crime |
|------------------|--|
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4. IMPACT OF PROJECT

What repercussions will the project have over the short, medium and long term?

5. PROJECT SCHEDULE

Provide the implementation plan for your project, including a description of each activity and its deadline.

| <i>Start date</i> | <i>End date</i> | <i>Activity</i> | <i>Link with the objectives mentioned in section 3</i> |
|-------------------|-----------------|-----------------|--|
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6 ADMINISTRATIVE STRUCTURE OF PROJECT

Indicate the administrative structure for the project, including the number of paid and volunteer workers and their respective duties

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|-------------------------------------|-------------|
| <i>Number of paid workers:</i> | |
| <i>Last and first name</i> | <i>Duty</i> |
| | |
| | |
| | |
| | |
| | |
| <i>Number of volunteer workers:</i> | |
| <i>Last and first name</i> | <i>Duty</i> |
| | |
| | |
| | |

7. PROJECT PARTNERS (INCLUDE SUPPORTING LETTERS)

| Name | Type of contribution (financial, human, technological, etc.) |
|------|--|
| | |
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8. FUNDING STRUCTURE

| | |
|---|---|
| Have you requested or obtained other funding for this project? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|

| | |
|--------------------------------|--|
| Name of organization contacted | |
| Amount requested | |
| Amount granted or obtained | |

| | |
|--------------------------------|--|
| Name of organization contacted | |
| Amount requested | |
| Amount granted or obtained | |

| | |
|---|---|
| Do you have other sources of funding for this project? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Source of funding | |
| Type of funding | |
| Amount granted or expected | |

9. DOCUMENTS THAT MUST BE INCLUDED

| | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of the organizational chart of the organism |
| <input type="checkbox"/> | Copy of the organizational chart of the project |
| <input type="checkbox"/> | Copy of the constituting act |
| <input type="checkbox"/> | Copy of the body's general by-laws |
| <input type="checkbox"/> | Certified copy of the resolution of the board of director authorizing the person responsible to file the application |
| <input type="checkbox"/> | Copy of the financial statement for the last fiscal year, adopted at the last annual general meeting |
| <input type="checkbox"/> | Name of auditor |
| <input type="checkbox"/> | Copy of the last annual report, adopted at the last annual general meeting |
| <input type="checkbox"/> | Copy of the supporting letter or letters from project partners |
| <input type="checkbox"/> | Schedule A (Budgetary forecast), duly completed |
| <input type="checkbox"/> | Schedule B (Portrait de applicant body), duly completed |

10. SIGNATURE OF THE AUTHORIZED PERSON

I have read the information available on the *Program for the granting of financial assistance to support research, information, education and training in connection with assistance for victims of crime* and the rules applicable. I accept and agree to comply with the program conditions.

I hereby certify that the information provided in support of this application is accurate and complete.

| | |
|---------------------|------------|
| Last and first name | Profession |
| | |
| Signature | Date |
| | |

11. FILING OF APPLICATION

Complete the application form and Schedules A and B and mail them with the supporting documents to:

Bureau d'aide aux victimes d'actes criminels
Ministère de la Justice
1200, route de l'Église, 3^e étage
Québec (Québec) G1V 4M1

Attention: Richard Carbonneau, director

The postmark or confirmation of delivery will indicate the date of receipt of the application.

No application will be accepted after the project submission deadline.