



N° projet _____
 PFARPWD _____

IMPORTANT: READ THE PRESENTATION GUIDE BEFORE COMPLETING THE FORM

PROGRAM OF FACILITATED ACCESS TO RECREATION FOR PEOPLE WITH DISABILITIES

APPLICATION FORM

Component that is the subject of the application	
Section 1 – Attendant services	Section 2 – Sports and recreation activities

Identification of the applicant					
NAME OF THE ORGANIZATION				QUÉBEC ENTERPRISE NUMBER	
ADDRESS					
NO	STREET, AVENUE, BOULEVARD	APT	CITY	PROVINCE Québec	POSTAL CODE
TELEPHONE NO		FAX NO		E-MAIL	
NAME OF THE PROJECT COORDINATOR		TELEPHONE NO		E-MAIL	

Project					
TITLE			CITY OF REALIZATION		
NUMBER OF ATTENDANTS HIRED AND TRAINED		TOTAL NUMBER OF HOURS OF ATTENDANT SERVICES PROVIDED	NUMBER OF DISABLED PERSONS SUPPORTED	PROJECT COMPLETION DATE	
DAFA	FACC			OF	TO
NUMBER OF PARTICIPANTS BY AGE GROUP					
1 TO 12 YEARS OLD	13 TO 17 YEARS OLD	18 TO 35 YEARS OLD	36 TO 54 YEARS OLD	55 YEARS OLD AND UP	

PROJECT DESCRIPTION

Projected revenues and expenses

THE AMOUNTS LISTED BELOW ARE:

WITHOUT TAXES

WITH TAXES

REVENUES

The organization's monetary contribution

The organization's contribution in goods or services

Grant requested from LSBJ (PFARPWD)

TOTAL

EXPENSES

Salary of attendants including their employment benefits

TOTAL