



FINANCING REQUEST

34 Queen Street, Sherbrooke (QC) J1M 1H9
819-933-6033 | admin@fondationdixville.org
fondationdixville.org

Date: _____

IDENTIFICATION OF THE USER OR GROUP

Name: _____ Number of users: _____

Chef de service: _____

Consent of a parent or the legal representative (if applicable) User's age: _____
 ID ASD

IDENTIFICATION OF THE PERSON MAKING THE REQUEST

Name: _____

Email: _____ Phone: _____

Relationship to the user: _____
(Educator, parent, etc.)

DESCRIPTION OF THE REQUEST

Attached annex: Yes No

OTHER SOURCES OF FINANCING RECEIVED OR REQUESTED FOR THIS PROJECT

(check the corresponding box and indicate the amount, if applicable):

<input type="checkbox"/> User	Amount: _____
<input type="checkbox"/> Parent	Amount: _____
<input type="checkbox"/> Legal representative	Amount: _____
<input type="checkbox"/> Other foundation	Amount: _____
<input type="checkbox"/> Other _____	Amount: _____

Amount requested:

IMPORTANT: Please include all estimates, model, price or any other information which justifies or supports the amount requested. The Foundation can ask for further details on the estimated cost.

First funding request to the Foundation for this person or this group: Yes No

I confirm that my Chef de service is informed of this request and approve it: Yes N/A

The cheque should be addressed to (name and address):

COMMENTS

NON-APPLICABLE FOR ELECTRONIC REQUESTS

Signature of the person making the request: _____

Signature of the Chef de service: _____

PLEASE READ BEFORE SUBMITTING YOUR REQUEST

1. It is strongly suggested to consult the section "Requests for Financing" on our website for more detailed information and examples of eligible requests;
2. Please send us the completed application form by email: admin@fondationdixville.org;
3. You will also receive a notice of decision from the Foundation by email;
4. Do not hesitate to contact us for any questions or support: 819-933-6033.

SECTION RESERVED FOR THE FOUNDATION

Request accepted Amount: _____ Date: _____

Request refused Authorized by: _____

(Authorized person signature)

Comments: _____

Payment made on: _____