



FINANCING REQUEST

'Life Project'

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

Date: _____

IDENTIFICATION OF THE USER OR GROUP

Name: _____ Number of users: _____

Chef de service: _____

Consent of a parent or the legal representative

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

FINANCING

Other source of revenue (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: _____

First request for financing submitted to the Foundation for this project: Yes No

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: _____

SECTION RESERVED FOR THE FOUNDATION

Request accepted Amount: _____ Date: _____

Request refused Authorized by: _____
(Authorized person signature)

Comments: _____

Payment made on: _____

Follow up made to: _____ On: _____