

## 1. TYPE OF APPLICATION

<input type="checkbox"/> New application	<input type="checkbox"/> Renewal application
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## 2. ORGANIZATION INFORMATION

### 2.1 Name of the organization

### 2.2 Other names by which the organization is known (e.g., French, acronym, former name)

### 2.3 Which category best fits your situation?

Charity registered with the Canada Revenue Agency. Please provide your registration number:

Non-profit organization, including church-based associations and movements

Parish

Other. Please specify:

### 2.4 What year did the organization start its activities?

### 2.5 Head office

Address	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Website	<input type="text"/>

### 2.6 Social media accounts, if any

### 2.7 Primary contact for funding application

Last Name	<input type="text"/>
First Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Position	<input type="checkbox"/> Chair <input type="checkbox"/> Vice Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Executive Management/Coordination <input type="checkbox"/> Board member <input type="checkbox"/> Parish priest/Administrator <input type="checkbox"/> Chair of the Fabrique <input type="checkbox"/> Other, specify:

**2.8 Mission and main activities****2.9 Annual Budget****2.10 Number of employees**

Full-time

Part-time

**2.11 Number of Volunteers****3. DESCRIPTION OF PROJECT / INITIATIVE****3.1 Title of project / initiative****3.2 Type of Application**

- Organization's project
- Support for the organization's mission

**3.3 Primary funding areas for wish you submit the request – Check all that apply**

- Pastoral priorities of the Archdiocese 2023-2025
  - Welcoming: Active listening (listening to the Word, to the Spirit, to each other to the world; cf. Archbishop's Pastoral letter 2023-2025
  - Support for seniors
  - Support for seniors
- Reconciliation with Aboriginal communities
- Support for pastoral animation and missionary projects
- Other. Specify:

**3.4 Region/Sector**

**3.5 Duration of project if applicable**

Start date

End date

**3.6 Brief description of the project/initiative - Be sure to include:**

- your objectives,
- how the project/initiative supports your mission,
- the communities targeted by the project/initiative,
- partners involved, if applicable,
- and how you plan to measure the impact of the project/initiative (Number of people served? Number of interventions or activities? Satisfaction surveys? etc.).

If this is a request for renewal of funding for a project that has already received support from the Novatio Foundation, please also explain the reasons for the renewal, what has changed from the initial project, etc.

**4. PROJECT / INITIATIVE BUDGET**

**4.1 Amount requested from the Novatio Foundation**

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**4.2 Total budget of the project / initiative**

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**4.3 Other sources of funding for the project / initiative**

Sources	Amounts	Financial support or other?
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism
		<input type="checkbox"/> \$ <input type="checkbox"/> Products/services/ volunteerism

**5. CONFIRMATION**

**Documents attached to this form (if applicable)**

- List of board members, trustees, or other officials of the organization
- Detailed expected budget for the project/initiative
- Annual report of the organization
- Brochure introducing the organization or project/initiative
- Press review
- Business plan or feasibility study of the organization or initiative
- Letters of support or testimonials
- Other. Specify: \_\_\_\_\_

**6. SIGNATURES**

- We certify that this application has been authorized by the parish priest/administrator, chair of the fabrique, organization's board, executive committee, or other decision-making body. (Two signatures are required).**

**Signatory #1:**

Last Name	_____
First Name	_____
Email	_____
Phone	_____
Position	<input type="checkbox"/> Chair <input type="checkbox"/> Vice Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Executive Management/Coordination <input type="checkbox"/> Board member <input type="checkbox"/> Parish priest/Administrator <input type="checkbox"/> Chair of the Fabrique <input type="checkbox"/> Other, specify: _____

**Signatory #2:**

Last Name	_____
First Name	_____
Email	_____
Phone	_____
Position	<input type="checkbox"/> Chair <input type="checkbox"/> Vice Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Executive Management/Coordination <input type="checkbox"/> Board member <input type="checkbox"/> Parish priest/Administrator <input type="checkbox"/> Chair of the Fabrique <input type="checkbox"/> Other, specify: _____