



N° projet _____
 PFARPWD _____

IMPORTANT: READ THE PRESENTATION GUIDE BEFORE COMPLETING THE FORM

PROGRAM OF FACILITATED ACCESS TO RECREATION FOR PEOPLE WITH DISABILITIES

FINAL REPORT

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

POSTAL CODE

Québec

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 OVERVIEW

Detailed breakdown of actual revenues and expenses

THE AMOUNTS LISTED BELOW ARE:

WITHOUT TAXES

WITH TAXES

REVENUES		EXPENSES	
The organization's monetary contribution		Salary of attendants including their employment benefits	
The organization's contribution in goods or services			
Grant requested from LSBJ (PFARPWD)			
TOTAL		TOTAL	

IMPORTANT: Attach all supporting documents.

I hereby confirm that the information contained in this report is accurate.

Date :