Canadian Relations Support Program (PARC)



**Canadian Relations Support Program**

**Application form**

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| For SQRC use only | | |
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| **1. Project title** | | | | | | | | | | | | | | | | | |
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| 2. Project duration | | | | | | | | | | | | | | | | | |
| Start date | | | | | | | | End date | | | | | | | | Duration | |
| Year | | | | Month | | Day | | Year | | | Month | | Day | | |  | |
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| 3. Applicant organization | | | | | | | | | | | | | | | | | |
| Name of organization | | | | | | | | | | | | | | | | | |
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| Type of organization (Non-profit, cooperative, etc.) | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | Province or territory | | | | | | | Postal code | | | |
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| Phone | | | | | | | E-mail | | | Website | | | | Social media accounts *(Twitter, Facebook)* | | | |
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| Name and job title of person responsible for project | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| Name and job title of head of organization | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| 4. | Other organizations involved in the project | | | | | | | | | | | | | | | | |
| **Name of organization** | | | | | | | | | | | | | | | | | |
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| Type of organization (Non-profit, cooperative, etc.) | | | | | | | | | | | | | | | | | |
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| **City** | | | | | | | **Province or territory** | | | | | | | **Postal code** | | | |
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| **Phone** | | | | | | | **E-mail** | | Website | | | | | **Social media accounts** *(Twitter, Facebook)* | | | |
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| **Name and job title of project manager** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| **Name and job title of head of organization** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| **Phone** | | | | | | | **E-mail** | | **Website** | | | | | **Social media accounts** *(Twitter,**Facebook)* | | | |
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| **Name and job title of project manager** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| **Name and job title of head of organization** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| Type of organization (Non-profit, cooperative, etc.) | | | | | | | | | | | | | | | | | |
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| **Phone** | | | | | | | **E-mail** | | **Website** | | | | | **Social media accounts** *(Twitter, Facebook)* | | | |
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| **Name and job title of project manager** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| **Name and job title of head of organization** | | | | | | | **Phone** | | | | | | | **E-mail** | | | |
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| **5. Project description** | | | | | | | | | | | | | | | | |
| **5.1** | | **Tier** *(select one only)* | | | | | | | | | | | | | | |
| Expertise Exchange | | | | | | | | | | | | Canadian Networks | | | | |
| **5.2** | | **Type of project** *(select one type under the tier concerned)* | | | | | | | | | | | | | | |
| **Tier 1: Expertise Exchange** | | | | | | | | | | | | **Tier 2: Canadian Networks** | | | | |
| Participation by Québec experts in symposiums, conferences, forums, and workshops in Canada, including in Québec  Sharing of expertise among peers involving a transfer of innovative practices from Québec to the other provinces and territories | | | | | | | | | | | | Creation or strengthening of pan-Canadian structures or networks for cooperation and exchange  Organization of forums, conferences, debates, workshops and summer schools to enable Quebecers and Canadians to discuss economic, political, social and cultural issues | | | | |
| **5.3** | | **Relevance of the project in terms of Canadian relations**  How will your project help achieve at least one of the objectives of the Canadian Relations Support Program (PARC)? Which objective(s), and how? This question calls for a brief but detailed answer, the analysis of which will determine your project’s eligibility for the PARC. It is important to describe the need or problem your project will address, as well as the foreseeable benefits it will generate with respect to the objective or objectives concerned. | | | | | | | | | | | | | | |
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| **5.4** | | **Project presentation** *(Detailed description of the project: what is the project? Background, place, date, participants from Québec and elsewhere in Canada, etc.), goal targeted, nature of Québec participation in the activity, number and names of Québec experts for the Expertise Exchange tier).* ***Take care to demonstrate how your project meets the objectives of the Program. Your answer determines your project’s eligibility for the Program.***  *Include all relevant document (for example: the preliminary program). For the Expertise Exchange tier, provide proof of participation by Canadian experts and at least one Québec expert in the exchange of expertise activity or project (invitation letter, program for the event, request for the exchange of expertise, etc.), confirmation of the participation of each Québec expert with the expert’s CV detailing his or her position, professional title, experiences, and papers and publications, if any.* | | | | | | | | | | | | | | |
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| **5.5** | | **Target audience** *(Specify the profile of the audience targeted by the project and indicate how many people are targeted or will participate, their origin, etc.)* | | | | | | | | | | | | | | |
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| **5.6** | | **Objectives** *(List by priority)* | | | | | | | | | | | | | | |
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| **5.7** | | **Expected outcomes** *(Present the main expected outcomes for the project and the means used to achieve them)* | | | | | | | | | | | | | | |
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| **5.8** | | **Relations between the organizations involved in the project** *(Briefly explain the links between the various partners in the project and the preliminary steps taken by each partner. Describe the applicants’ experience in implementing this type of project and, where applicable, previous collaboration between the organizations involved in the project.* ***Is this a new collaboration?*** *Explain how the project will help establish links between the partners and will help strengthen the links in the future).* | | | | | | | | | | | | | | |
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| **5.9** | | **Project implementation schedule** *(Outline the timeframe for the project and its main implementation stages.* ***Maximum 1 year.****)* | | | | | | | | | | | | | | |
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| **5.10** | | | **Communications plan** *(Present the communications activities planned to promote the project and its Canadian relations dimension on relevant platforms: social media, websites, traditional media, promotional tools. Explain the visibility planned to highlight the SQRC contribution.)* | | | | | | | | | | | | | |
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| **6. Budget – Expenditure** | | | | | | | | | | | | | | | | |
| **Complete the Budget worksheet (Excel file) available on the website for the** [**Program**](https://www.sqrc.gouv.qc.ca/relations-canadiennes/programme-appui-rel-can/index-en.asp#formulaires) **AND justify each expense in the space below. For guidance in completing the form, see the sections “Eligible expenses” and “Non-eligible expenses” on the website.**  **INCLUDE THE DULY COMPLETED BUDGET WORKSHEET, IN EXCEL FORMAT (NOT PDF), WITH YOUR APPLICATION**  **Only expenses directly connected to the project are eligible.**  *The SQRC grant* ***cannot exceed 80% of the total eligible expenses for the project****.* | | | | | | | | | | | | | | | | |
| **Amount requested: $** | | | | | | | | | | | | | | | | |
| *Use this space to justify each expense, in addition to completing the Excel grid. Add extra pages if necessary.* | | | | | | | | | | | | | | | | |

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| **7. Undertaking by applicant** | | | | | |
| **I certify that the information provided is accurate.**  **I undertake to complete the project as approved.**  **I undertake to mention, in all public communications for the activity, the assistance received from the Québec government under the Canadian Relations Support Program.**  **I authorize the SQRC to disseminate content from the project on its platforms (social media, website, etc.).**  **I undertake to provide a final report once the project is completed or no later than three months after the project is completed.**  **I understand that the amount of the grant awarded may be revised on the basis of the rules applicable after the final report has been processed.**  *(Add extra lines if there are more than two applicants.)* | | | | | |
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| **Name of applicant organization and name and job title of the head of the organization** | |  | **Signature** |  | **Date** |
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|  | |  |  |  |  |
| **Name of partner organization and name and job title of the head of the organization** | |  | **Signature** |  | **Date** |
| **Important**: | **For all organizations receiving a grant under the Program: The SQRC reserves the right to demand audited financial statements at any time from an organization receiving a grant and from related organizations. It may also verify the supporting documents and information provided by the organization or organizations involved in the project.** | | | | |