

SPONSORSHIP AND DONATION APPLICATION FORM



APPLICANT INFORMATION

Application date:

Organization's name:

☐ For-profit organization | Québec enterprise number (NEQ):

☐ Non-profit organization | Charitable registration number:

Name and role of applicant:

Mailing address:

City: Postal code:

Telephone: Fax:

Email: Website:

Organization's mission:

Organization's founding year: Organization's annual operating budget:

Sources of financing:

Number of salaried employees:

Number of volunteers:

Number of members/beneficiaries:

Is the organization a member* of Caisse Desjardins de l'Ouest-de-l'Île?

☐ Yes | Folio no.:

☐ No | Financial institution where the organization does business:

Are you personally a member of a Desjardins caisse?

☐ Yes | Name of caisse:

☐ No | Name of your financial institution:

*Priority will be given to Desjardins members (Caisse Desjardins de l'Ouest-de-l'Île, Desjardins Business centres, Desjardins Group)

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PROJECT INFORMATION

Project name:

Project type (sectors targeted by the Caisse):

☐ Economic development

☐ Education

☐ Culture

☐ Health and healthy lifestyle

☐ Cooperation

☐ Community

How many years has this event/project been in place?

Project start date:

Project end date:

Project location:

Territory covered by the project:

Project description:

Project objectives:

Project's total budget:

Amount of financial assistance requested:

Source of funding (other than the financial assistance amount requested from the Caisse):

Number of people expected at the event or affected by the project:

Could this be a recurring request? ☐ Yes ☐ No



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Target audience for the project (youth, seniors, businesses, families, etc.):

How will your activity impact the people in our sector?

What are the benefits for the Caisse?

Have you ever received a donation or sponsorship from Caisse Desjardins de l'Ouest-de-l'Île, Caisse Desjardins des Sources-Lac-Saint-Louis or Caisse Desjardins Sainte-Geneviève de Pierrefonds before?

☐ Yes ☐ No If yes, for which project, when and how much?

Have you submitted any financial assistance application forms to other Desjardins caisses?

☐ Yes ☐ No If yes, which ones?

Who are the other partners?

Who were your partners in the past?

VISIBILITY PLAN

What kind of visibility will you offer the Caisse in return for its contribution?

Will you offer exclusivity as a financial institution? ☐ Yes ☐ No

What is your policy on sponsorships should the event be cancelled?

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DECLARATION

I declare that all the information I have provided on this form is accurate, and that I am authorized by the organization to submit this application.

Name:

Signature:

Date:

☐ The organization agrees to submit to Caisse Desjardins de l'Ouest-de-l'Île an event/project post-mortem, photos and press review, within 90 days following the date of the event/project.

APPLICATION SUBMISSION

When submitting your application, please enclose:

1. The organization's charter
2. The organization's description
3. The organization's financial statements
4. The project description
5. The project's complete and detailed budget
6. The event/project's communication plan
7. The visibility plan for Caisse Desjardins de l'Ouest-de-l'Île
8. The board of directors' list, their title and city of residence

Please send your application to:

Emmanuelle Legros
Communications advisor
Caisse Desjardins de l'Ouest-de-l'Île
303 boulevard Brunswick
Pointe-Claire QC H9R 4Y2
emmanuelle.e.legros@desjardins.com

We will contact you within four weeks of receiving your application.

**Please note that any advertisements containing the name or logo of the Caisse must be approved by the institution.
Any incomplete application forms will not be considered.**

