



Application form: Mutualization program

Please fill out this form to submit your mutualization project as part of the call for projects for the Mutualization Pathway, which was conceived, designed, and offered in collaboration with Laboratoire Conseil. Your answers will help us better understand your project, its objectives, its partners, and its eligibility for the call for projects.

The name of the organization leading the mutualization initiative.	
The name of the sharing partner(s).	
(Please identify organizations that are funded by United Way by adding an asterisk* after their name. Example: Help Center*)	
Brief description of the project.	

*Which of Centraide's areas of action does your project fall under?				
The present and future of young people				
Decent living conditions				
Inclusive communities				
A strong and supportive social fabric				
*Have you initiated a joint discussion between the partner organizations? Explain.				
*Have you identified the needs of each organization? Explain.				
*Have you identified common objectives? Explain.				

What is the level of mutual knowledge among all partners regardin their mission, level of activity, working methods, and governance?				
*Are the boards of directors of each of the partners informed about the project? Explain.				
*What are the desired impacts on participating organizations and user services?				
*What challenges do you see in this project?				
*How does your project align with the values of equity, diversity, and inclusion?				

*Are you ready to embark on the Mutualisation Journey?

The prerequisites are:
-At least two organizations are represented by at least one person each.
-Each participating organization is able to release at least one representative for the equivalent
of three hours per week, in addition to the workshops.
-Participants have the ability to make certain decisions about the project.
-Organizations commit to attending all workshops and coaching sessions.
-A cost estimate (To be completed further down in this form.)
If you obtain funding from the Parcours Mutualisation call for projects, do you have any needs in terms of accessibility of support?
Simultaneous translation of workshops into English
Access to LSQ interpretation services
Other
Specify
□ No need

* Please attach your project cost estimates. See table to be completed.

	Details	Amount
Time spent participating in workshops		
Project preparation time, such as intersessional activities		
Time spent in coaching		
Estimated overall costs of implementation, post-course		
Total expenses		

Please provide an overall estimate of the financial, human, and material contributions of your project.

	Details	Amount
Contribution from organizations and/or		
Other sources of funding		
Total contributions		

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