

Oncology financial support program (PSFC)



Quebec
Cancer
Foundation

Always There to Care

Application form

1. General Information

INFORMATION REGARDING THE ORGANIZATION

Organization's name, address and telephone number.

INFORMATION REGARDING THE PROJECT LEADER

Project leader's last name, first name, title, e-mail address and telephone number.

TYPE OF PROJECT

- ☐ Psychological support program
- ☐ Education, prevention and screening program
- ☐ Physical well-being program
- ☐ Financial and/or legal assistance program
- ☐ Youth program (ages 15 to 39)
- ☐ Lodging assistance program, near a treatment center
- ☐ Other*



*Please specify.

PLEASE SEND THIS FORM TO CANCERQUEBEC.MTL@FQC.QC.CA

Quebec Cancer Foundation - Headquarters – 2075, De Champlain Street, Montreal (Quebec) H2L 2T1
514-527-2194 | Toll-free: 1-877-336-4443

2. Description

DESCRIPTION OF THE PROJECT

Describe the project for which funding is being requested.

PROJECT OBJECTIVE(S)

Specify the project's measurable objective(s), in conjunction with the funding request.

EXPECTED RESULTS

Describe the expected results of the project.

EVALUATION OF THE PROJECT

Specify the criteria that would be considered to measure the project's impact.

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PARTNER(S)

Indicate whether one or more other partners are funding the project.

- ☐ Yes*
☐ No

*Please
specify

BUDGET

Attach a copy of the project budget.  *Attached document*

NUMBER OF PEOPLE IMPACTED BY CANCER WHO WOULD POSSIBLY BENEFIT FROM THE PROJECT

- ☐ 1 – 49 ☐ 100 – 200
☐ 50 – 99 ☐ 200 +

REGION(S) TOUCHED

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Bas-Saint-Laurent | <input type="checkbox"/> 07 Outaouais | <input type="checkbox"/> 12 Chaudière-Appalaches |
| <input type="checkbox"/> 02 Saguenay-Lac-SaintJean | <input type="checkbox"/> 08 Abitibi-Témiscamingue | <input type="checkbox"/> 13 Laval |
| <input type="checkbox"/> 03 Capitale-Nationale | <input type="checkbox"/> 09 Côte-Nord | <input type="checkbox"/> 14 Lanaudière |
| <input type="checkbox"/> 04 Mauricie | <input type="checkbox"/> 10 Nord-du-Québec | <input type="checkbox"/> 15 Laurentides |
| <input type="checkbox"/> 05 Estrie | <input type="checkbox"/> 11 Gaspésie-Îles-de-la-Madeleine | <input type="checkbox"/> 16 Montérégie |
| <input type="checkbox"/> 06 Montréal | | <input type="checkbox"/> 17 Centre-du-Québec |

TRANSPOSABILITY AND LONGEVITY

Specify how the project could be transposed to other organizations and describe the plan for ensuring its longevity.

VISIBILITY

Specify what visibility the Quebec Cancer Foundation would enjoy in conjunction with the funding requested.

LETTER OF SUPPORT

Attach a letter of support.



Attached document

Name _____ Signature _____ Date _____

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