



N° projet _____
 RTSM _____

IMPORTANT : READ THE PRESENTATION GUIDE BEFORE FILLING OUT THE FORM

REGIONAL TRANSPORTATION SUPPORT MEASURE Eeyou-Istchee-Baie-James Fund

FINAL REPORT

Identification of the applicant					
NAME OF ORGANIZATION					
ORGANIZATION ADDRESS					
NO	STREET, AVENUE, BOULEVARD	APP.	MUNICIPALITY	PROVINCE	POSTAL CODE
				Québec	
PHONE NUMBER		TELECOPIER NUMBER		EMAIL ADDRESS	
NAME OF THE PROJECT LEADER		TELEPHONE NUMBER		EMAIL ADDRESS	

Project			
TITLE OF THE RECREATIONAL OR SPORTING ACTIVITY			LOCATION OF THE ACTIVITY
TYPE OF TRANSPORT USED		# PARTICIPANTS	DATE OF ACTIVITY
AUTOMOBILE BUS Distance (one way only) in km	BOAT PLANE TRAIN	ATHLETES CHAPERONES	FROM TO

Financial statements (detailed description of actual incomes and expenditures)

THE AMOUNTS SHOWN BELOW ARE:

WITHOUT TAXES	WITH TAXES	WITH TAX RECOVERY
REVENUES ASSOCIATED WITH THE PROJECT		TRANSPORTATION-RELATED EXPENSES
Cash contribution from the organization		
Grant requested from the RTSM		
TOTAL		TOTAL