



Name of project: \_\_\_\_\_

## THIS FORM MUST BE USED FOR SUBMITTING AN APPLICATION

Only projects submitted in the prescribed format and accompanied by all required documents are studied. Projects that do not meet the eligibility criteria of the Education and Good Governance Fund (EGGF) will be rejected automatically.

All applications should be made in writing, signed and accompanied by a covering letter, as well as the required documents. Applications must be sent only by e-mail no later than April 15 or October 15 to the following address:

Autorité des marchés financiers  
Education and Good Governance Fund

Attention: [fesg@lautorite.qc.ca](mailto:fesg@lautorite.qc.ca)

Each project must be sent in a single pdf file.

The application must include two documents:

1. A PDF file including in the following order:
  - a. The signed cover letter
  - b. The completed and signed form
  - c. Schedules A to F, inclusively
  - d. CVs
  - e. Letters of support
  - f. All other pertinent information
  
2. A 1-page Word project summary (in French) including in the following order:
  - a. A detailed description
  - b. The objectives
  - c. The deliverables
  - d. The completion timetable
  - e. The budget

For further information:

Montréal: 514-395-0337, ext. 4104

Québec City: 418-525-0337, ext. 4104

Toll-free: 1-877-525-0337, ext. 4104

Only fully documented applications  
submitted in the prescribed format and duly  
completed will be considered.

All applicants must undergo a security and  
criminal background check.



Name of project: \_\_\_\_\_

### IDENTIFICATION OF APPLICATION

Name of project:

Action area involved:

- Investor protection
- Consumer education
- Promotion of good governance
- Knowledge enhancement

Category of project:

- Awareness
- Education
- Research

The maximum grant amount and grant period are defined based on the categories of projects set out in the Awareness, Education or Research Project Presentation Guide.

CATEGORY OF PROJECT	MAXIMUM ANNUAL CONTRIBUTION PER PROJECT (\$)	MAXIMUM DURATION (YEARS)
Research	100,000	3
Education	200,000	2
Awareness		1

Total amount requested from the EGGF:

Duration of project

Name of project: \_\_\_\_\_

**A**

Full name of applicant organization:		
Mission of the organization:		
Address:		
City:	Province:	Postal code:
Telephone:	Courriel :	
Department (where applicable):		

**B**

Name of the organization's authorized representative:	Mr.	First name:
	Mrs.	Last name:
Title:		
Personal address of the authorized representative:		
City:	Province:	Postal code:
Date of birth:		
Signature of the authorized representative:	Date:	

**C**

Name of the organization's authorized signing officer: <b>- Obligatory</b> (signing of agreement)	Mr.	First name:
	Mrs.	Last name:
Title:		
Personal address of the authorized signing officer:		
City:	Province:	Postal code:
Date of birth:		
Signature of the authorized signing officer:	Date:	