## **Demande de soutien**

**pour tâches pastorales (annuellement)**

|  |  |  |  |  |  |  |  |  |  |
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| **A.** | | **Requérant** |  |  | | |  |  | |
| **1**. | | **Paroisse, Association de paroisse, Institution, Ordinariat** |  |  | | |  |  | |
| **2.** | | **Personne de contact** |  |  | | |  |  | |
|  | | Nom et prénom |  |  | | |  |  | |
|  | | Adresse |  |  | | |  |  | |
|  | | NPA, Lieu |  |  | | |  |  | |
|  | | Tél. |  |  | | |  |  | |
|  | | E-Mail |  |  | | |  |  | |
|  | | Désignation des personnes autorisées *(Prénom, nom, fonction)* | 1. |  | | |  |  | |
|  | | Désignation des personnes autorisées *(Prénom, nom, fonction)* | 2. |  | | |  |  | |
|  | |  |  |  | | |  |  | |
| **B.** | | **Motivation de la demande de soutien** | | | | |  |  | |
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| **C.** | **Données relatives au financement** | | | | |  | | |  |
| 1. | Coûts prévisibles CHF | | | | |  | | |  |
| 2. | Dont financement assuré CHF | | | | |  | | |  |
| 3. | Coûts non couverts CHF | | | | |  | | |  |
| 4. | Résultat attendu CHF | | | | |  | | |  |
|  |  | | | | |  | | |  |
| **D.** | **Signature des requérants** (Paroisse, Association de paroisse, Institution, Ordinariat) | | | | | | | |  |
|  | Lieu et date | | | | |  | | |  |
|  | Signature  *(veuillez répéter en caractères d'imprimerie)* | | | | 1. |  | | | |
|  | Signature  *(veuillez répéter en caractères d'imprimerie)* | | | | 2. |  | | | |
|  |  | | | | |  | | |  |
| **E.** | **Proposition du vicariat régional / ordinariat épiscopal** | | | | | | | |  |
|  | Lieu et date | | | | |  | | |  |
|  | **Vicariat** | | | |  |  | | |  |
|  | Lieu et date | | | | |  | | |  |
|  | **Ordinariat** | | | |  |  | | |  |
|  |  | | | | |  | | |  |
| **F.** | **Annexe** | | | | |  | | | |
|  | ❑ Bulletin de versement | | | | | | | | |
|  | ❑ | | | | | | | | |
|  | ❑ | | | | | | | | |