



Conseil  
des arts  
et des lettres  
du Québec

## Grant application form

### Recognition Program for the Inuit and First Nations arts IMPETUS

## Personnal information

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#### Identification of the applicant

This document is confidential and will be withdrawn during evaluation of the application.

Project title :

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Name of applicant :

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**Applicant's identity** (In the case of a group of Inuit and First Nations artists, please provide information for the representative only.)

Form of address	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> None (Non-binary or other)
Last name	First name		
Street address			
No	Street	Apartment	City Province Postal code
Mailing address if different from the street address			
No	Street	Apartment	City Province Postal code
Telephone (indicate the area code)		Email	
Telephone (work)		Website	

**Information on the author of the application the application**

Form of address	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> None (Non-binary or other)
Last name	First name		
Street address			
No	Street	Apartment	City Province Postal code
Mailing address if different from the street address			
No	Street	Apartment	City Province Postal code
Telephone (indicate the area code)		Email	
Telephone (work)		Website	

**Declaration of the author of the application**

As author of the Impetus grant application,

- I have carefully read the general conditions for eligibility and I affirm that the candidate complies.
- I agree to respect the decision of the Conseil des arts et des lettres du Québec.
- I agree to respect the confidentiality of the results until the date of the public announcement.

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Signature of the author of the application

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Date

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Name of the organization, as applicable

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Role

## **Aid for people with disabilities for presenting a grant application**

(Complete this section only if you would like to apply for an additional amount to facilitate presenting an application.)

This section will be removed from the file during the peer evaluation process and will be evaluated internally.

In keeping with its *Plan d'action à l'égard des personnes handicapées*, the CALQ offers [financial support to people with disabilities for producing their grant application](#).

The grant can cover in whole or in part expenses for services that facilitate presenting an application. The services needed to prepare and draft the application as well as services required to produce a report on the use of the grant are eligible.

Financial aid is automatically granted if the main application is deemed eligible.

Invoices must be attached to the application.

### **Identification of the applicant**

Form of address ☐ Mr. ☐ Ms. ☐ None (Non-binary or other)

Last name

First name

Project title:

### **Declaration**

☐

Please check if you identify as a person with a disability (according to the meaning of the [Act](#), i.e.: "a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities.") The deficiency can be motor, intellectual, visual, auditory, or related to a learning disability or mental health disorder.

### **Request**

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I would like to obtain aid to present this application.

Amount requested

\$

[\(Maximum amounts granted\)](#)

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**Please attach proof of expenses related to services required to prepare or draft this application** (bill, receipts, etc. – in pdf format).