



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This document is confidential and will be withdrawn during evaluation of the application.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

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	Name _____	Given 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**

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	Name _____	Given 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.

\_\_\_\_\_  
Signature of the author of the application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the organization, as applicable

\_\_\_\_\_  
Role