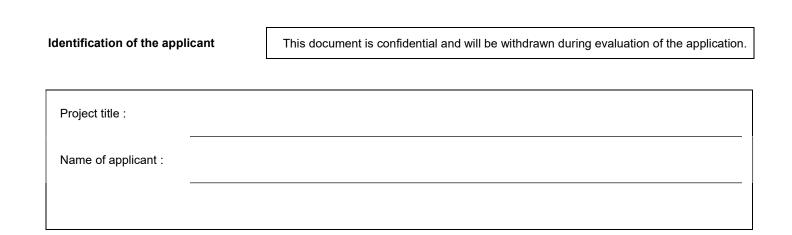


Conseil des arts et des lettres du Québec

Grant application form

Recognition Program for the Inuit and First Nations arts IMPETUS

Personnal information



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		Mr.		Ms.		None (Non-binary	or other)
Last name				Fi	irst name		
Street address							
No	Street		Α	partment	City	Province	Postal code
Mailing address	if different from th	e street address					
Νο	Street		A	partment	City	Province	Postal code
Telephone (indicate the area code)		E	Email				
Telephone (work)		۷	Vebsite			

Information on the author of the application the application

Form of address] Mr.		Ms.		None (Non-binar	y or other)
Last name					First name		
Street address							
No	Street			Apartment	t City	Province	Postal code
Mailing address	if different from	the street ac	dress				
No	Street			Apartment	t City	Province	Postal code
Telephone (indic	ate the area co	de)		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

- 2 -

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 <i>Plan d'action à l'égard des personnes handicapées</i> , the CALQ of support to people with disabilities for producing their grant application.	fers <u>financial</u>
The grant can cover in whole or in part expenses for services that facilitate presenti application. The services needed to prepare and draft the application as well as ser 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 nan	ne
Project title:				

Declaration

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

I would like to obtain aid to present this application.				
Amount requested	\$			
(<u>Maximum amounts granted</u>)				
Please attach proof of expenses related to services required to prepare or draft this application (bill, receipts, etc. – in pdf format).				