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|  | 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| **Identification of the applicant** | This document is confidential and will be withdrawn during evaluation of the application. |

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| Project title : |  |  |
| 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.)

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| Form of address | |  |  | Mr. |  |  | Ms. | |  | None (Non-binary or other) | |
|  | | | | | | | | | | | |
| Last name |  | | | | | | | First name | |  |  |

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| Street address |
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| No Street Apartment City Province Postal code |
| Mailing address if different from the street address |
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| No Street Apartment City Province Postal code |
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| Telephone (indicate the area code) Email |
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| Telephone (work) Website |
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Information on the author of the application the application

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| Form of address | |  |  | Mr. |  |  | Ms. | |  | None (Non-binary or other) | |
|  | | | | | | | | | | | |
| Last name |  | | | | | | | First name | |  |  |

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| Street address |
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| No Street Apartment City Province Postal code |
| Mailing address if different from the street address |
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| No Street Apartment City Province Postal code |
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| Telephone (indicate the area code) Email |
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| Telephone (work) Website |
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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 |  | Date |
|  |  |  |
| Name of the organization, as applicable |  | 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.

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| 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](https://www.calq.gouv.qc.ca/en/aide-aux-personnes-handicapees-pour-la-presentation-dune-candidature-ou-dune-demande-de-bourse).  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**

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| Form of address | |  |  | Mr. |  |  | Ms. | |  | None (Non-binary or other) | | |
|  | | | | | | | | | | | | |
| Last name |  | | | | | | | First name | | |  |  |
| Project title: |  | | | | | | | | | | |  |

**Declaration**

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|  | Please check if you identify as a person with a disability (according to the meaning of the [*Act*](https://www.legisquebec.gouv.qc.ca/en/document/cs/E-20.1), 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**](https://www.calq.gouv.qc.ca/fileadmin/fichiers/programmes/Aide_aux_personnes_handicapees_pour_la_presentation_d_une_candidature_ou_d_une_demande_de_bourse_-_Montants_ENG.pdf)**)** | | **$** |  |
| **Please attach proof of expenses related to services required to prepare or draft this application** (bill, receipts, etc. – in pdf format). | | | |