



Conseil
des arts
et des lettres
du Québec

Grant application form Personal Information

Recognition Program for the Inuit and First Nations arts Revitalization, creation and transmission

An application must be filed at least four weeks before the project is to commence for it to be deemed admissible.

In keeping with Inuit and First Nations traditions, the Conseil provides the opportunity to orally present a project involving reappropriation, creation or information transmission. After completing the initial identification page of the form, the applicant should simply follow the oral presentation instructions for the other sections. **If you are applying for the first time, you are advised to get in touch with the contact person for this program.**

Identification of the applicant

This page is confidential and will be withdrawn during evaluation of the application.

Identification Number To avoid administrative errors concerning the identity of grant applicants, the Conseil requests that you provide the 6th, 8th and 9th digits of your social insurance number (SIN). Please fill in the appropriate boxes.					XXX - XX__ - X__ __
<input type="checkbox"/> Mr <input type="checkbox"/> Ms First and last names (in block letters)					
Street address _____					
No.	Street	Apartment	City	Province	Postal code
Postal address if different from the street address					
No. *** **_****	Street	Apartment	City	Province	Postal code
Telephone (indicate the area code) *** **_****		Email (required for acknowledgement of receipt)			
Telephone (work) (indicate the area code)		Website			
Commitment In accordance with the general eligibility criteria governing the program, I hereby declare that: <ul style="list-style-type: none"> • Be an Inuit or a member of one of Canada's First Nations (please specify): _____. • Specify your community of origin: _____. • I am a Canadian citizen. • I normally reside in Québec and have resided there over the past twelve (12) months. By submitting this grant application to the Conseil, I implicitly agree that the assessors or the members of juries or committees may have access to personal or confidential information about me, as defined in the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> , insofar as such information is necessary to enable them to perform their duties. I authorize the CALQ to make the necessary verifications with other funding organizations and to communicate to them all useful information contained in my grant application or the documents attached to it, including my personal information, to ensure that the funds awarded under this application do not cover any expenses related to a project already supported under any other organization's program. I also authorize the CALQ to disclose, in whole or in part, my grant application and the documents attached, including my personal information, to its partners who contribute financially to grants offered under the program to which I am applying.					
For artists working in film and video - I confirm that the content and realization of the work presented is wholly under my control, as are all production and distribution agreements for the said work. Moreover, I retain all copy and public exhibition rights for my work or can, by according a licence, consign them to a producer or independent distributor.					
I have applied for another grant for the same project. <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, from which organization? _____ Registration date _____		
Name of program _____					
If I receive the grant, I undertake to carry out the proposed project and to respect the terms for the award of the grant. I also undertake to submit a detailed report on the use of the grant within three months after the project is completed.					
I hereby certify that the information provided is accurate and complete.					
Signature _____					Date _____

Supplementary request for disabled persons

If you would like to request an additional amount to ensure accessibility for one or more disabled persons connected to the project, please download and complete the form entitled [Supplementary request for disabled persons](#). This form should be submitted together with the related grant application.

General information for statistical purposes

Thank you for completing this questionnaire, which helps determine the socioeconomic portrait of artists and better respond to their needs. This information collected for statistical purposes will remain confidential and be kept separate from the application file during the evaluation process.

Mr Ms First and last names
(in block letters)

Demographic characteristics

Date of birth Year Month Day Mother tongue English French
 Other (specify) :

Place of birth Québec Other province Other country (specify)

To which ethnic or cultural group do you belong?

Inuit or First Nations of Canada Specify: Nation and community

Professional characteristics

Main occupation (check only one item)

Professional artist/craftsperson Teacher Other

What art training do you have?

Place of training

	Québec	Other province	Other country
<input type="checkbox"/> University degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cegep diploma or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Degree or diploma from a public institution (conservatory, national school, or other institution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma or certificate from a private art school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Training with one or more recognized artists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other art training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify _____

Self-taught

Have you participated in skills upgrading sessions in the last three years?

Yes No

Québec Other province France United States

Other country (specify) _____

Have you received grants during the past three years?

Yes No

Conseil des arts et des lettres du Québec Canada Council for the Arts Other (specify): _____

Please indicate your income over the past year:

Under \$20,000 \$20,000 to \$29,999 \$30,000 to \$39,999 \$40,000 or more

What proportion of your overall income derives from your artistic activities?

Under 25% 25% to 49% 50% to 74% 75% or more

Has your work been disseminated outside Québec over the past three years or have you participated in the promotion of Québec works outside Québec?

Yes No

Other province France United States Other country

Information request and place of registration :

Mélanie Lumsden, Program officer
Recognition, Program for the Inuit and First Nations arts
Conseil des arts et des lettres du Québec
1435, De Bleury Street, Suite 300
Montréal (Québec) H3A 2H7

Telephone : 514 864-3350

Toll-free: 1 800 608-3350

melanie.lumsden@calq.gouv.qc.ca