|  |  |  |
| --- | --- | --- |
| **CALQ logo Qc-drapeau (nb) A+** | Grant application form**Territorial partnership****Arts et lettres de Montréal****Personal Information** |  |

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| **Identification of the applicant** | This document is confidential and will be withdrawn during evaluation of the application.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

|  |  |  |
| --- | --- | --- |
| Project title :  |       |  |
| Name of applicant : |       |  |
|  |  |  |

|  |  |
| --- | --- |
| Identification of the applicant | This page is confidential and will be withdrawn during evaluation of the application.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 the 6th, 8th and 9th digits of your social insurance number (SIN). Please fill in the appropriate boxes. | **XXX - XX\_\_ - X\_\_ \_\_** |
| [ ] [ ]  Mr [ ]  [ ]  Ms | First and last names(in block letters) |       |
| 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(indicate the area code) |
| Consent |
| Should I obtain a grant to carry out this project, I, the undersigned, hereby consent to the submission by the Conseil to the Société de télédiffusion du Québec (Télé-Québec) of the following nominative information: my name, civic address, telephone number, email address, the title and a description of my project and the anticipated date of its completion. This information will be submitted to Télé-Québec in order to foster better promotion on television or the Internet of the artistic and literary activities that the Conseil supports in all regions of Québec. Accordingly, I also agree that a representative of Télé-Québec may contact me directly in order to promote my project insofar as a television broadcaster selects the project. [ ]  Yes [ ]  No |
| I have applied for another grant for the same project [ ]  Yes  [ ]  No | If so, from which organization? |       |
| Name of program |       | Registration date |       |
| Commitment |
| In accordance with the general eligibility criteria governing the program, I hereby declare that :* I am a Canadian citizen or a landed immigrant as contemplated in section 2(1) of the Immigration and Refugee Protection Act;
* I normally reside in Québec and specifically reside on the territory targeted by the program.

Subject to the provisions of the Act respecting access to documents held by public bodies and the protection of personal information, the Conseil and its partners respect the confidentiality of the documents and information entrusted to them as well as those submitted to them.By submitting this grant application to the Conseil, I implicitly agree that the assessors or the members of the selection committee may have access to personal or confidential information about me, as defined in the Act respecting Access to documents held by public bodies and the Protection of personal information, insofar as such information is necessary to enable them to perform their duties.I authorize the Conseil to conduct the necessary verifications with other granting agencies to ensure that the funds granted in respect of this application do not cover any expense pertaining to a project already supported under a program of any other agency.I agree to abide by the rules of the program as stipulated in the brochure and to comply with the decision of the financial partners, which is final and cannot be appealed.I also undertake to submit a detailed report on the use of the grant within three months after completion of the project.I hereby certify, in good faith, that the information provided is accurate and complete. |
|  |  |  |
|  |  |       |
| **Signature** |  | Date |

**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 ethnocultural group do you belong?[ ]  French [ ]  English [ ]  Inuit or First Nations of Canada Specify: Nation and community[ ]  Other (Arab, Chinese, Latin American, or other). Specify:       |

**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** |  |
| [ ]  | University degree | [ ]  | [ ]  | [ ]  |  |
| [ ]  | Cegep diploma or equivalent | [ ]  | [ ]  | [ ]  |  |
| [ ]  | Degree or diploma from a public institution (conservatory, national school, or other institution) | [ ]  | [ ]  | [ ]  |  |
| [ ]  | Diploma or certificate from a private art school | [ ]  | [ ]  | [ ]  |  |
| [ ]  | Training with one or more recognized artists | [ ]  | [ ]  | [ ]  |  |
| [ ]  | Other art training (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 [ ]  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 |

**Supplement requested for disabled person**

(Complete this section only if you would like to apply for an additional amount to ensure that one or more disabled persons connected to the project have access.)

**This section will be removed from the file during the peer evaluation process and will be evaluated internally.**In accordance with its action plan for disabled persons, Conseil offers financial support to disabled applicants with a view to ensuring access to its services. This supplementary assistance is designed to cover a portion of the project expenses relating to specific needs, depending on the disability, and is granted as part of a Conseil-funded project. In the event that supplementary assistance is granted, supporting invoices must be submitted together with the grant report.

**Identification of the applicant**

|  |  |  |
| --- | --- | --- |
| [ ] [ ]  Mr [ ]  [ ]  Ms | First and last names(in block letters) |       |
| Project title: |       |

**Declaration**

|  |
| --- |
| [ ]  Please check if you or an artist taking part in the project self-identify as a person with a disability (within the meaning of the [Act](http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/E-20.1), , that is " a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities "). |

**Project**

|  |  |
| --- | --- |
| Number of persons concerned : |       |
| Specify whether you or a participating artist self-identify as: | [ ]  a person who is deaf or hearing-impaired.[ ]  a person with a disability (visual, physical, motor, intellectual, learning or mental health-related disability). |

**Briefly describe the adapted services or equipment required to carry out the project (maximum 500 characters)**

|  |
| --- |
|       |

**Disabled person additional expenses\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Detail** |
| Support staff remuneration (companions, sign language interpreters, etc.)  |  |      $ |  |       |
| Support staff travel |  |      $ |  |       |
| Adapted equipment rental |  |      $ |  |       |
| Transcription services |  |      $ |  |       |
| Other (specify)       |  |      $ |  |       |
|  |  |      $ |  |       |
|  |  |      $ |  |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total (amount requested)** |  |      $ |  |  |

\* The purchase of specialized equipment is eligible solely with regard to equipment required to carry out the project that cannot be rented or whose purchase price is lower than the rental price.