

MON DOSSIER



Register for [Mon Dossier CALQ](#) and complete your Report on the use of a grant online.

Identification (in the case of a collective project, indicate the project coordinator's name)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Name	First name
Address		
No	Street	Apartment
	City	Province
		Postal code
File No.	Telephone () -	Email

Artistic discipline (indicate the discipline and speciality or field)

<input type="checkbox"/> Circus arts	<input type="checkbox"/> French-language popular song	<input type="checkbox"/> Dance	<input type="checkbox"/> Classical or contemporary music
<input type="checkbox"/> Multidisciplinary arts	<input type="checkbox"/> Popular song other than French-language	<input type="checkbox"/> Video installation	<input type="checkbox"/> Non-classical music
<input type="checkbox"/> Digital arts	<input type="checkbox"/> Cinema and video	<input type="checkbox"/> Literature	<input type="checkbox"/> Architectural research
<input type="checkbox"/> Visual arts	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Theatre
Specialty, field or literary genre:			
Examples:		<input checked="" type="checkbox"/> Visual arts: specialty or field: painting	<input checked="" type="checkbox"/> Literature: literary genre: poetry

Type of support

<input type="checkbox"/> Acquisition and marketing	<input type="checkbox"/> Career grants	<input type="checkbox"/> Commissioned works
<input type="checkbox"/> Travel	<input type="checkbox"/> Professional development	<input type="checkbox"/> Promotion
<input type="checkbox"/> Research and creation	<input type="checkbox"/> Literary or storytelling performances	<input type="checkbox"/> Studios and studio-apartments
<input type="checkbox"/> Other (specify) :		
Amount	Requested: \$	Granted: \$

Realization

Anticipated date of realization	Beginning:	End :	Duration (in weeks):
Did you respect this schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, indicate the actual dates:	Beginning:	End :	
Did you draw on participants or collaborators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total number of participants :			
If yes, identify these persons :			

Indicate the anticipated and actual amounts for each type of expense stemming from the project (attach a detailed budget report)

Revenues	Anticipated amount	Actual amount
Conseil des arts et des lettres du Québec	\$	\$
Other :	\$	\$
Total	\$	\$

Expenses	Anticipated amount	Actual amount
Living expenses	\$	\$
Production costs (fees, honoraria, material, workshop or equipment rental, and so on)	\$	\$
Travel expenses (living expenses, transportation, and so on)	\$	\$
Other expenses related to the project	\$	\$
Total	\$	\$

Project's title :

Describe the project realized or research results in detail (7000 characters, spaces included).

Information and documents to be submitted

- Supporting documents pertaining to the project's results (written, sound or visual documents, publication, manuscript, press clippings, and so on)
- Detailed budget report, including photocopies of invoices to justify major expenses

Impacts**What activities were you able to realize thanks to this grant?**

- | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Pursue artistic or literary research | <input type="checkbox"/> Participate in an artistic or literary event |
| <input type="checkbox"/> Create new works | <input type="checkbox"/> Explore and experiment with new materials |
| <input type="checkbox"/> Create works for young audiences | <input type="checkbox"/> Forge links with artistic communities outside Québec |
| <input type="checkbox"/> Access to resources and cutting-edge technologies | <input type="checkbox"/> Participate in professional development activities |
| <input type="checkbox"/> Other. Specify: | |

On a scale of 1 to 5, where 1 represents “Negligible” and 5 “Major”, evaluate the impact of this grant on your career.1- 2- 3- 4- 5- **Specify the main impacts on your career. Check a maximum of two answers.**

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Improvement of living conditions | <input type="checkbox"/> Career development internationally |
| <input type="checkbox"/> Improvement of conditions for creative activity | <input type="checkbox"/> Dissemination of works in Québec |
| <input type="checkbox"/> Access to specialized equipment | <input type="checkbox"/> Dissemination of works outside Québec |
| <input type="checkbox"/> Regional and national artistic recognition | <input type="checkbox"/> Access to new audiences |
| <input type="checkbox"/> Skills development | <input type="checkbox"/> Other. Specify : |

Has your project been disseminated online or will it be? Yes No Don't know**Has your project been publicly disseminated or will it be?** Yes No Don't know**Context and place of dissemination:**

- Artistic or cultural event (salon, festival, etc.)
- Museum, artists' centre, gallery, etc.
- Performance hall
- Audiovisual media (radio, television, film, etc.)
- Publication (book, brochure, periodical, etc.)
- Other. Specify :

Québec**Other province****Other Pays**

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Did the grant program meet your expectations? Yes No Partially

Specify. (500 characters, spaces included.)

Do you have any suggestions to improve the grant program? (500 characters, spaces included.)

Your account

Explain how receipt of the grant was fundamental to the realization of your project. (500 characters, spaces included.)

I agree to allow the Conseil des arts et des lettres du Québec (Conseil) to publicize this account, in whole or in part, in order to promote the program along with the artists and projects supported. Yes No

Signature _____ Date _____

Conseil des arts et des lettres du Québec

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Québec (Québec) G1K 3C9
Telephone : 418-643-1707 or 1 800 897-1707

Montréal
1435, De Bleury Street, Suite 300
Montréal (Québec) H3A 2H7
Telephone : 514-864-3350 or 1 800 608-3350

Section reserved for the Conseil

Signature of the program manager responsible for the application _____ Date _____