



Grant application form Personal Information

Studios and studio-apartments

MON DOSSIER



Register for [Mon Dossier CALQ](#) and complete your grant application online.

Identification of the applicant

This document is confidential and will be withdrawn during evaluation of the application.

Mr Ms Last name

First name

Project title :

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 _____													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">No. code</td> <td style="width: 25%;">Street</td> <td style="width: 15%;">Apartment</td> <td style="width: 15%;">City</td> <td style="width: 15%;">Province</td> <td style="width: 15%;">Postal</td> </tr> <tr> <td colspan="6">Postal address if different from the street address</td> </tr> </table>		No. code	Street	Apartment	City	Province	Postal	Postal address if different from the street address					
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*** **_****													
Telephone (indicate the area code) Email (required for acknowledgement of receipt) (*** **_****)													
Telephone (work) (indicate the area code) Website													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No													
I have applied for another grant for the same project. <input type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none"> • I am a Canadian citizen or a landed immigrant as contemplated in section 2(1) of the <i>Immigration and Refugee Protection Act</i>; • 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 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. <p>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.</p> I agree to abide by the rules of the program as stipulated and to comply with the Conseil's decisions, which are final. <p>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.</p> I hereby certify that the information provided is accurate and complete.													
Signature _____	Date _____												

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](#), 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.

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.

Demographic characteristics

Date of birth	Year	Month	Day	Mother tongue	<input type="checkbox"/> English	<input type="checkbox"/> French
					<input type="checkbox"/> Other (specify) :	
Place of birth	<input type="checkbox"/> Québec	<input type="checkbox"/> Other province	<input type="checkbox"/> Other country (specify)			
To which ethnocultural group do you belong?						
<input type="checkbox"/> French						
<input type="checkbox"/> English						
<input type="checkbox"/> Inuit or First Nations of Canada						
Specify: Nation and community						
<input type="checkbox"/> 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
<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 (specify) _____			
<input type="checkbox"/> 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

Submission of application

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 Website: www.calq.gouv.qc.ca
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Applications sent by email will not be accepted. Only original copies of the application duly signed by the artist will be considered valid. Incomplete applications or those received after the registration deadline are not accepted. On the envelope in which you mail your application, please indicate the Studio or studio-apartment requested.