**Aid for people with disabilities form 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 page 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 Conseil des arts et des lettres du Québec 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form of address | |  |  | Mr. | |  |  | Ms. | |  | None |  | |
|  | | | | | | | | | | | | | |
| Last name |  | | | | | | | | First name | |  | |  |
| Prize concerned by the request | | | | |  | | | | | | | |  |

**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).** | | | |