

TERRITORIAL PARTNERSHIP
MOBILITY

MON DOSSIER



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

This document is confidential and will be withdrawn during evaluation of the application.

Project title:

Name of applicant:

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

Name of applicant and address

Form of address	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> None (Non-binary or other)		
Last name			First name		
No.	Street	Apartment	City	Province	Postal code
Postal address if different from the street address					
No.	Street	Apartment	City	Province	Postal code
-					
Telephone		Email (required for acknowledgement of receipt)			
-					
Telephone (work)		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.

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 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 *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 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.

I agree to abide by the rules of the program as stipulated and to comply with the Conseil's decisions, which are final.

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

Aid for people with disabilities 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 section will be removed from the file during the peer evaluation process and will be evaluated internally.

In keeping with its *Plan d'action à l'égard des personnes handicapées*, the CALQ offers [financial support to people with disabilities for producing their grant application](#).

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 (Non-binary or other)

Last name:

First name:

Project title:

Déclaration

Please check if you identify as a person with a disability (according to the meaning of the [Act](#), 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

I would like to obtain aid to present this application.

Amount requested

([Maximum amounts granted](#))

\$

Please attach proof of expenses related to services required to prepare or draft this application (bill, receipts, etc. – in pdf format).

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

Form of address Mr. Ms. None (Non-binary or other)

Last name First name

Project title:

Déclaration

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.)	\$ <input type="text"/>	<input type="text"/>
Support staff travel	\$ <input type="text"/>	<input type="text"/>
Adapted equipment rental	\$ <input type="text"/>	<input type="text"/>
Transcription services	\$ <input type="text"/>	<input type="text"/>
Other (specify)	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Total (amount requested):	\$ <input type="text"/>	<input type="text"/>

* 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.

Identification of the applicant

Form of address Mr. Ms. None (Non-binary or other)

Last name First name

Demographic characteristics

Date of birth Year Month Day

Mother tongue English French
 Other (specify)

Plac of birth Quebec Other province Other country (specify)

To which ethnocultural group do you belong?

French English Inuit Specify

Other (Arab, Chinese, Latin American, or other) Specify

Professional characteristics

Main occupation (check only one item)

Professional artist/craftperson Teacher Other

What training do you have?

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

Place of training

	Quebec	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"/>

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

Yes No

Quebec Other province France United States
 Other country (specify)

Have you received grants during the past three years?

Yes No

CALQ 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 \$39,000 \$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