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**Grant application forms**

**Personal Information**

**Call for projects with Télé-Québec**

**Creation of original digital content for La Fabrique culturelle**

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| **Identification of the applicant** | This document is confidential and will be withdrawn during evaluation of the application.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

|  |  |  |
| --- | --- | --- |
| Project title :  |       |  |
| Name of applicant : |       |  |
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| --- | --- |
| **Identification of the applicant** | This page is confidential and will be withdrawn during evaluation of the application. |

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| **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 |  | **[ ]**  | Mr. |  | **[ ]**  | Ms. | **[ ]**  | None (Non-binary or other) |
|  |
| Last name |  |       | First name |  |       |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|       |  |       |  |       |  |       |  |       |  |       |
| 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 |

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| **Consent** |
| If I receive a grant, I agree that the Conseil can transmit to the Société de télédiffusion du Québec (Télé-Québec) the following personal information: my name, street address, telephone number and email address. I also accept that this work will be broadcast on La Fabrique culturelle by Télé-Québec, and this for a period of three months in exclusive distribution (unless another agreement is reached) and for one year of non-exclusive distribution. An agreement will be concluded between the grant recipient or group coordinator and Télé-Québec to cover broadcast or publication of the work. [ ]  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 or the members of juries or committees 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 and to comply with the Conseil's decisions, which are final.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 that the information provided is accurate and complete. |
|  |  |       |
| **Signature** |  | Date |

**General information for statistical purposes**

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| 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. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) :       |
| 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**

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| **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[ ]  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 $39,999 [ ]  $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 |

**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](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 (Non-binary or other) |
|  |
| Last name |       | First name |       |  |
| Project title: |       |  |

**Declaration**

|  |  |
| --- | --- |
| [ ]  | 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.).** |

**Disabled person supplement – Realization of the project**

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: |       |  |

**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)**

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|       |

**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.