

Vivacité

MON DOSSIER



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

An application must be filed at least four weeks before the project is to commence for it to be deemed admissible.

Identification of the applicant

This document is confidential and will be withdrawn during evaluation of the application.

Project title :

Name of applicant :

<p>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.</p>	<p>XXX - XX__ - X__ __</p>
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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		

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.
- I meet one of the following eligibility requirements:
 - I was born outside Canada (please indicate country of birth: _____).
 - I belong to a visible minority community, i.e.:
 - African
 - Asian
 - Latin American
 - Middle Eastern
 - Mixed racial heritage

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 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.

For artists working in film and video - I confirm that the content and realization of the work presented is wholly under my control, as are all production and distribution agreements for the said work. Moreover, I retain all copy and public exhibition rights for my work or can, by according a licence, consign them to a producer or independent distributor.

I have applied for another grant for the same project. Yes No If so, from which organization? _____
 Name of program _____ Registration date _____

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
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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:

Declaration

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:

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.

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

Last name

First name

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