

MON DOSSIER

CALQ

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

Name of applicant

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	Last name _____	First name _____
Year artistic practice started		
Number of years of artistic practice		<input type="checkbox"/> more than 10 years <input type="checkbox"/> two years and more
Grant category requested (literature and storytelling only)		<input type="checkbox"/> Development <input type="checkbox"/> Mid-career
Number of publications:		book _____ texts _____ Number of shows _____

Artistic discipline (Indicate the appropriate discipline and the specialty or field)

<input type="checkbox"/> Visual arts	<input type="checkbox"/> French-language songwriting	<input type="checkbox"/> Dance	<input type="checkbox"/> Architectural research
<input type="checkbox"/> Film – video	<input type="checkbox"/> Songwriting other than French-language	<input type="checkbox"/> Multidisciplinary arts	<input type="checkbox"/> Urban planning
<input type="checkbox"/> Digital arts	<input type="checkbox"/> Non-classical music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Landscape architecture
<input type="checkbox"/> Video installation	<input type="checkbox"/> Classical music	<input type="checkbox"/> Circus arts	<input type="checkbox"/> Environmental design
<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Contemporary music	<input type="checkbox"/> Literature	<input type="checkbox"/> Storytelling
Specialty or field _____			
Examples : <input checked="" type="checkbox"/> Visual arts: specialty or field: <u>painting</u> <input checked="" type="checkbox"/> Literature: literary genre: <u>poetry, spoken word</u>			
Is the field indicated the one in which you are pursuing your career? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Studio or studio-apartment requested

Venue _____

Amount requested _____ \$ _____

Nature and description of project

Project title: _____	
Duration of project: _____	Starting date (year/month) _____ Completion date (year/month) _____
Does the project covered by this studio-apartments grant require the use of digital technologies (excluding office automation tools such as word processing) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary (maximum 250 characters)

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Description

Describe your project (maximum 10 500 characters).

Describe the anticipated benefits from realization of the project for the evolution of your work or career (maximum 3 500 characters).

Specify how this choice of residency is advantageous for the realization of your project (maximum 3 500 characters).

Summarize your project in English or Spanish in a few paragraphs, depending upon the host country (maximum 4 500 characters).

Required documents to attach to the duly completed and signed application form

- | | |
|---|--|
| <input type="checkbox"/> Applicant's Curriculum vitæ (max. : 3 pages) | <input type="checkbox"/> Press file (max. : 5 pages) |
| <input type="checkbox"/> Partner's Curriculum vitæ (Postdam only) | <input type="checkbox"/> Schedule (max. : 2 pages) |
| <input type="checkbox"/> Letters of commitment from the collaborators along with a description of their contribution to the project, if applicable. | <input type="checkbox"/> Letter of intent, if applicable |

A single copy of the application file must be submitted in letter format (21.6 cm x 27.9 cm or 8½" x 11"). Documents must be printed in black ink on white paper, using only one side of the page. To facilitate photocopying, do not staple or bind the documents. Unsolicited documents will not be submitted to the jury for consideration.

Last name, first name	
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Supporting materials

Enclose the required supporting materials on a **USB key, CD or DVD, identified with the applicant’s name.**

- Audio and video document types : provide **five copies.**
- Manuscripts or printed documents : **a single copy** in a PDF file or on 8 ½ x 11 in. letter format paper, printed single-sided in black and white.
- Image document types : **a single copy.**

<input type="checkbox"/>	For the circus arts, multidisciplinary arts, dance and theatre: a maximum of three excerpts totaling no more than 15 minutes in duration and/or 15 digital images. In the case of a manuscript, an excerpt of no more than 25 pages.
<input type="checkbox"/>	For the digital arts, visual arts, arts and crafts and architectural research: 15 digital images and/or a maximum of three excerpts totaling no more than 15 minutes in duration.
<input type="checkbox"/>	For comic strip art: a maximum of 15 pages of excerpts from albums published by a publisher recognized by his peers or disseminated in one or more cultural periodicals. Self-published works are not recognized.
<input type="checkbox"/>	For film and video: a maximum of two excerpts of works and/or a demo of a work to be produced totaling no more than 15 minutes in duration (including titles and credits). For postproduction applications, present an assembly or pre-edit lasting no more than 10 minutes in duration and a 5-minute excerpt (including titles) of a previous work. In the case of a screenplay, provide an excerpt of no more than 25 pages.
<input type="checkbox"/>	For music: audio demo related to the project (max. 3 work excerpts or 15 minutes) and/or a maximum of 3 previously produced works. For contemporary and classical music composers, scores of works presented in the demo.
<input type="checkbox"/>	For popular song: audio demo related to the project (max. 3 work excerpts or 15 minutes) and/or a maximum of 3 previously produced works. Song lyrics ((maximum of five), synopses of musical theatre works, if applicable.
<input type="checkbox"/>	For storytelling and spoken word creation: a collection of chosen texts, of a maximum length of 25 pages or a maximum of three excerpts of works totaling no more than 15 minutes.
<input type="checkbox"/>	For literature: an excerpt of a book and/or a manuscript or a collection of chosen texts, of a maximum length of 25 pages.

Description list of the audio and video material

Attach an addition sheet, if necessary.

Important : Make sure that your computer media are readable in the Windows environment. You are responsible for ensuring that all documents arrive intact at the Conseil des arts et des lettres du Québec (Conseil) and in the appropriate formats. In the case of video, MPEG (also called MPG) and AVI are the recommended formats. MP3 and M4A are the recommended audio formats.					
No.	Date created	Author, title of the work and a brief description of the document, if need be. Special instructions, notes or warnings.	Duration	Format	Additional information (applicant's role, etc.)
1					
2					
3					

Your files must be readable using one of the following software packages:

- Internet Explorer, up to version 10.
- QuickTime version 7.7 or earlier: standard Macintosh video and audio format (.mov). **Do not use an HD video format.**
- Shockwave Player, up to version 11.6.
- Windows Media Player, up to version 12.0.
- Flash Player, up to version 13.
- Acrobat Reader, up to version 11.
- VLC Media Player.

Recommandations:

- Use audio/video production software that allows you to encode your works in such a way that they can be read on a home DVD reader.
- Users of the Mac OS must activate the function that allows them to automatically record the Windows extension at the end of the document name.

Please note that Blue Ray Disks are not accepted. Weblinks are accepted by means of online registration.

Description list of handwritten or printed documents

Attach an addition sheet, if necessary.

No.	Date created	Author, title and description of the work	Additional information (applicant's role, etc.)
1			
2			
3			

Description of the visual material (Digital images: maximum 15)

Important : Submit the PC-compatible files in JPEG format only. Submit images at a resolution of 72 PPI that do not exceed 1 MB. Save the images directly on a digital support without creating files (directories).				
No.	Date created	Title of the work and place of exhibition or public area where it was photographed, as the case may be.	Material	Size (centimetres)
1				
2				
3				
4				
5				
6				
7				
8				
8				
10				
11				
12				
13				
14				
15				

The Conseil is not responsible for the loss of or damage to material sent with the file as a result of shipping. Supporting materials and documents provided to support your application (visual or audio documents and publications, etc.) will not be returned.

Identification of the applicant

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

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 _____						
No. code	Street	Apartment	City	Province	Postal	
Postal address if different from the street address						
No.	Street	Apartment	City	Province	Postal	
*** **_****						
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 or the members of juries or committees 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.						
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.						
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 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	

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"/> Native person						
<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.