



## Grant Application Cultural section

Type of project:  Individual       Group  
 Amount requested (maximum \$5,000): \$ \_\_\_\_\_

Name of promoter co-ordinating the project

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Name: _____	Given name: _____
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### Project description

Project title: _____																				
Expected date of completion: _____																				
Branch of the Arts: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Visual arts</td> <td><input type="checkbox"/> French song</td> <td><input type="checkbox"/> Dance</td> <td><input type="checkbox"/> Architecture</td> </tr> <tr> <td><input type="checkbox"/> Multidisciplinary arts</td> <td><input type="checkbox"/> Other song</td> <td><input type="checkbox"/> Theatre</td> <td><input type="checkbox"/> Urban planning</td> </tr> <tr> <td><input type="checkbox"/> Circus arts</td> <td><input type="checkbox"/> Non-classical music</td> <td><input type="checkbox"/> Literature</td> <td><input type="checkbox"/> Landscape architecture</td> </tr> <tr> <td><input type="checkbox"/> Crafts</td> <td><input type="checkbox"/> Classical or contemporary music</td> <td><input type="checkbox"/> Film - video</td> <td><input type="checkbox"/> Environmental design</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Humour</td> <td><input type="checkbox"/> New media</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Visual arts	<input type="checkbox"/> French song	<input type="checkbox"/> Dance	<input type="checkbox"/> Architecture	<input type="checkbox"/> Multidisciplinary arts	<input type="checkbox"/> Other song	<input type="checkbox"/> Theatre	<input type="checkbox"/> Urban planning	<input type="checkbox"/> Circus arts	<input type="checkbox"/> Non-classical music	<input type="checkbox"/> Literature	<input type="checkbox"/> Landscape architecture	<input type="checkbox"/> Crafts	<input type="checkbox"/> Classical or contemporary music	<input type="checkbox"/> Film - video	<input type="checkbox"/> Environmental design		<input type="checkbox"/> Humour	<input type="checkbox"/> New media	<input type="checkbox"/> Other
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	<input type="checkbox"/> Humour	<input type="checkbox"/> New media	<input type="checkbox"/> Other																	
Specialty, area or literary genre: (Example: <input type="checkbox"/> Visual arts: specialty: photography)																				
Brief project outline:																				
Have you created your own file?      Yes <input type="checkbox"/> No <input type="checkbox"/> If not, who has helped you?																				
Expected income from project: \$ _____																				
Number of jobs created by the project: _____ : _____ full-time _____ part-time _____ contract																				

Project title:

**Project cost and financing**

(Enter the completion cost and anticipated sources of financing)

<b>Estimated project costs:</b>	<b>Amount (\$\$)</b>
<b>Salaries:</b>	
Artists: Technicians: Others (be specific):	
<b>Production costs:</b>	
Royalties Purchase of production equipment Equipment rental Rehearsal hall rental Performance hall rental Scenery (material and construction) Costumes and accessories Other (be specific):	
<b>Promotion and advertising costs:</b>	
Graphic design Promotion (poster, etc.) Event program Web site Media advertising Other (be specific):	
<b>Other(s) – be specific:</b>	
<b>Total:</b>	

**Sources of financing**

<b>Investment by the artist(s):</b>	<b>\$</b>			
<b>Outside financing:</b>	<b>Confirmed funding</b>	<b>Non confirmed funding</b>	<b>Amount (\$)</b>	<b>Expected date</b>
Private investment(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Emploi Québec (youth volunteers)	<input type="checkbox"/>	<input type="checkbox"/>		
Grant from the Fondation du maire de Montréal pour la jeunesse (maximum \$5,000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
City of Montreal	<input type="checkbox"/>	<input type="checkbox"/>		
Musicaction	<input type="checkbox"/>	<input type="checkbox"/>		
SODEC	<input type="checkbox"/>	<input type="checkbox"/>		
Conseil des Arts et des Lettres du Québec (CALQ)	<input type="checkbox"/>	<input type="checkbox"/>		
Canada Council (CC)	<input type="checkbox"/>	<input type="checkbox"/>		
Sponsors	<input type="checkbox"/>	<input type="checkbox"/>		
Others (be specific):	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total</b>				

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Project title:

### Documents to attach to form when completed and signed

(Note that incomplete files will not be accepted)

- |   |   |
|---|---|
| <input type="checkbox"/> Detailed project description (max. 4 pages)                    | <input type="checkbox"/> Proof of age                                 |
| <input type="checkbox"/> Target public and strategy for reaching it (max. 2 pages)      | <input type="checkbox"/> Proof of citizenship or permanent residence  |
| <input type="checkbox"/> Prospects of project independence and continuity (max. 1 page) | <input type="checkbox"/> Proof of residence on the Island of Montreal |
| <input type="checkbox"/> Curriculum vitae of each artist involved in the project        | <input type="checkbox"/> Proof of income (last year)                  |
| <input type="checkbox"/> Letters of recommendation from cultural personalities (min. 2) | <input type="checkbox"/> Sworn personal statement                     |
| <input type="checkbox"/> Detailed work plan (max. 2 pages)                              | <input type="checkbox"/> Credit file                                  |
| <input type="checkbox"/> Detailed budget (cost and financing)                           | <input type="checkbox"/> Stamped and addressed return envelope        |
| <input type="checkbox"/> Anticipated sources of funding                                 | (if you want the project documentation returned by mail)              |
| <input type="checkbox"/> Mentoring plan (CV and mentoring plan)                         |   |

### Supporting materials for the review of your application

(check type and number attached)

- |   |  |
|---|--|
| <input type="checkbox"/> Video cassettes    | <input type="checkbox"/> Songs (lyrics)      |
| <input type="checkbox"/> Compact discs      | <input type="checkbox"/> Scores              |
| <input type="checkbox"/> Audio cassettes    | <input type="checkbox"/> Publications        |
| <input type="checkbox"/> Books              | <input type="checkbox"/> Photos              |
| <input type="checkbox"/> Manuscripts        | <input type="checkbox"/> Press file          |
| <input type="checkbox"/> Selection of texts | <input type="checkbox"/> Other (be specific) |

### Description of supporting materials

(video, sound and computer files, manuscript or printed documents, visual materials)

Type of material	Year produced	Created/written by	Title and brief description	Duration	Applicant's role (performer, choreographer, etc.)

The Fondation cannot be held responsible for the loss or damage resulting from the shipment or return of the attachments to this application. You are therefore advised never to attach originals of supporting materials to an application. Note that supporting materials are never returned by mail unless accompanied by a stamped and addressed envelope. You can, however, retrieve them directly from the office of the Fondation du maire de Montréal pour la jeunesse by calling (514) 872-8401 within 30 days of the date of the letter of notification of results, after which time the Fondation may dispose of the materials.

Read and approved at Montreal on:

Project promoter's signature:

Project title:

About the promoter(s)

Number of promoters: \_\_\_\_\_

**Personal identification - Promoter 1 (individual or group project)**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Name:	Given name:
Street no.:	Apt.:                      Postal code:
City of Montreal ward:	
Telephone:	Fax:
E-mail:	Cellular:
Date of birth:        /        /	Age:
Citizenship:	Social Insurance Number:
<b>Mother tongue:</b> <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (be specific)	<b>Highest educational level completed:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Secondary <input type="checkbox"/> University (be specific) <input type="checkbox"/> 1st cycle <input type="checkbox"/> 2nd cycle <input type="checkbox"/> 3rd cycle Concentration:
<b>Marital status:</b> <input type="checkbox"/> Married/common law <input type="checkbox"/> Head of single-parent family <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed Number of dependent children:	<b>Social background:</b> <input type="checkbox"/> Immigrant State your birth nationality: <input type="checkbox"/> Visible minority Ethnicity: <input type="checkbox"/> Aboriginal
<b>Present circumstances:</b> <input type="checkbox"/> Social security recipient <input type="checkbox"/> Employment insurance claimant <input type="checkbox"/> Self-employed <input type="checkbox"/> Entrepreneur <input type="checkbox"/> No income	<input type="checkbox"/> Employee If so, occupation (name of employer):  <input type="checkbox"/> Student ( <input type="checkbox"/> full-time / <input type="checkbox"/> part-time) If so, subject area:
Income (previous year): \$ _____ (Year: _____)	
<b>Other information:</b> Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you subject to voluntary deposit? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, are you discharged? Yes <input type="checkbox"/> (If so, attach your certificate of discharge) No <input type="checkbox"/> (If not, enter the date of bankruptcy: _____)
<b>Statement:</b> I hereby certify that the information provided in this application form is the truth and consent to its disclosure. I also undertake to provide, as requested by the Fondation, any records relevant to this application for financial assistance.  I also agree to provide, as requested by the Fondation du maire de Montréal pour la jeunesse, my credit file obtained from a credit bureau. This information will be kept confidential.  Any incorrect information, false statement or major omission will automatically result in the final rejection of my application or the reimbursement of any grant awarded.  Read and approved at Montreal on:  Signature:	

Project title:

**Personal identification - Promoter 2 (group project)**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Name:	Given name:	
Street no.:	Apt.:	Postal code:
City of Montreal ward:		
Telephone:	Fax:	
E-mail:	Cellular :	
Date of birth:        /        /	Age:	
Citizenship:	Social Insurance Number:	
<b>Mother tongue:</b> <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (be specific)	<b>Highest educational level completed:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Secondary <input type="checkbox"/> University (be specific) <input type="checkbox"/> 1st cycle <input type="checkbox"/> 2nd cycle <input type="checkbox"/> 3rd cycle Concentration:	
<b>Marital status:</b> <input type="checkbox"/> Married/common law <input type="checkbox"/> Head of single-parent family <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed Number of dependent children:	<b>Social background:</b> <input type="checkbox"/> Immigrant State your birth nationality: <input type="checkbox"/> Visible minority Ethnicity: <input type="checkbox"/> Aboriginal	
<b>Present circumstances:</b> <input type="checkbox"/> Social security recipient <input type="checkbox"/> Employment insurance claimant <input type="checkbox"/> Self-employed <input type="checkbox"/> Entrepreneur <input type="checkbox"/> No income	<input type="checkbox"/> Employee If so, occupation (name of employer):  <input type="checkbox"/> Student ( <input type="checkbox"/> full-time / <input type="checkbox"/> part-time) If so, subject area:	
Income (previous year): \$ _____ (Year: _____)		
<b>Other information:</b> Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you subject to voluntary deposit? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, are you discharged? Yes <input type="checkbox"/> (If so, attach your certificate of discharge) No <input type="checkbox"/> (If not, enter the date of bankruptcy: _____ )	
<b>Statement:</b> I hereby certify that the information provided in this application form is the truth and consent to its disclosure. I also undertake to provide, as requested by the Fondation, any records relevant to this application for financial assistance.  I also agree to provide, as requested by the Fondation du maire de Montréal pour la jeunesse, my credit file obtained from a credit bureau. This information will be kept confidential.  Any incorrect information, false statement or major omission will automatically result in the final rejection of my application or the reimbursement of any grant awarded.  Read and approved at Montreal on:  Signature:		

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Project title:

**Personal identification - Promoter 3 (group project)**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Name:	Given name:	
Street no.:	Apt.:	Postal code:
City of Montreal ward:		
Telephone:	Fax:	
E-mail:	Cellular:	
Date of birth:        /        /	Age:	
Citizenship:	Social Insurance Number:	
<b>Mother tongue:</b> <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (be specific)	<b>Highest educational level completed:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Secondary <input type="checkbox"/> University (be specific) <input type="checkbox"/> 1st cycle <input type="checkbox"/> 2nd cycle <input type="checkbox"/> 3rd cycle Concentration:	
<b>Marital status:</b> <input type="checkbox"/> Married/common law <input type="checkbox"/> Head of single-parent family <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed Number of dependent children:	<b>Social background:</b> <input type="checkbox"/> Immigrant State your birth nationality: <input type="checkbox"/> Visible minority Ethnicity: <input type="checkbox"/> Aboriginal	
<b>Present circumstances:</b> <input type="checkbox"/> Social security recipient <input type="checkbox"/> Employment insurance claimant <input type="checkbox"/> Self-employed <input type="checkbox"/> Entrepreneur <input type="checkbox"/> No income	<input type="checkbox"/> Employee If so, occupation (name of employer):  <input type="checkbox"/> Student ( <input type="checkbox"/> full-time / <input type="checkbox"/> part-time) If so, subject area:	
Income (previous year): \$ _____ (Year: _____)		
<b>Other information:</b> Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you subject to voluntary deposit? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, are you discharged? Yes <input type="checkbox"/> (If so, attach your certificate of discharge) No <input type="checkbox"/> (If not, enter the date of bankruptcy: _____ )	
<b>Statement:</b> I hereby certify that the information provided in this application form is the truth and consent to its disclosure. I also undertake to provide, as requested by the Fondation, any records relevant to this application for financial assistance.  I also agree to provide, as requested by the Fondation du maire de Montréal pour la jeunesse, my credit file obtained from a credit bureau. This information will be kept confidential.  Any incorrect information, false statement or major omission will automatically result in the final rejection of my application or the reimbursement of any grant awarded.  Read and approved at Montreal on:  Signature:		

Project title: \_\_\_\_\_

**Identification of the project sponsoring agency**

(If your project will occur within an agency or firm, please identify it here)

Name:		
Legal form: <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship	Date of registration <input type="checkbox"/> or incorporation <input type="checkbox"/> / /	Number:
Street no.:	Apt.:	Postal code:
City of Montreal ward:		
Telephone:	Fax:	
E-mail:		
Web site:		

**Referral**

(Tell us how you heard about the Fondation du maire de Montréal pour la jeunesse)

<input type="checkbox"/> Info entrepreneurs	<input type="checkbox"/> City of Montreal
<input type="checkbox"/> CDEC: which? _____	<input type="checkbox"/> Fondation grant recipients
<input type="checkbox"/> SAJE	<input type="checkbox"/> Junior Chamber of Commerce of Montreal
<input type="checkbox"/> FMMJ Web site	<input type="checkbox"/> Media
<input type="checkbox"/> Internet	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Communication Québec	<input type="checkbox"/> Other (be specific):
<input type="checkbox"/> Directories	

**Important:**

1. Groups of more than three persons must attach an identification sheet for each additional person participating in a project.
2. Complete files must be deposited with the Fondation no later than one of the filing deadlines listed in the Fondation information package. Applications received after filing deadlines will be reviewed in another round. Final files received by fax and incomplete applications are inadmissible (only the original of this form duly signed by the artist will be considered valid).

# Personnel Financial Statement

Dated (the) :

Name, first name :

## Assets :

Cash  
Savings and chequing account balances  
Deposit certificate, stocks, bonds, mutual funds, etc.  
Pension plan (R.R.S.Ps., etc.)  
Life insurance (cash value)  
Computer equipment  
Personal estate (cash value)  
Real estate (residence, land, etc.)  
Vehicle (cash value)  
Other, specify :


TOTAL : 

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## Liabilities :

Credit card balances  
Bank loan  
Student loan  
Vehicle loan  
Mortgages (land, residence)  
Other, specify :


TOTAL : 

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## Net Worth :

(difference between total assets and liabilities)

TOTAL : 

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I certify that all the financial and personal information contained in this document is true in all aspects.

Date :

Promoter Signature :

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"Solemnly declared before me, in \_\_\_\_\_ (locality), this \_\_\_\_\_ (date)".

Signature of the Commissioner of oaths :

Note : Here is a list of people who have the capacity to certify your personal balance sheet : lawyers, notaries, justices of the peace, mayors, clerks working at a municipality, some employees working in a bank or a municipality or any commissioner of oaths.