



Creative Development Fund
Streams 2

FALL APPLICATION:
from October 3rd to November 10th at noon

| ARTIST / Artist Centre IDENTIFICATION | |
|--|--|
| I am a Professional Artist <input type="checkbox"/> | I am representing a Cultural Center, Gallery, or museum <input type="checkbox"/> <i>Please identify which one:</i> _____ |
| Last name | First name |
| Address | |
| Phone number | Email |
| Website | Social media links |
| DESCRIPTION OF THE PROJECT | |
| Title of the PROJECT: | |
| Project stream for which I am applying for: <input type="radio"/> (2) Concert / exhibition. | |

Stream (2) Concert / exhibition

| Please describe if you have performed over livestream or pre-recorded performances within the last 12 months. |
|---|
| |

| Please describe any projects (e.g., singles, albums, extended play (Eps), videos, paintings, sculptures, exhibitions, etc.) that you've created over time? Please indicate the year of creation and when you last created a piece for public viewing? | |
|---|--------------|
| Last creation for public viewing / listening was in _____ (year) | |
| List of most popular creations: | |
| Title of pieces / collection / album: | Year created |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |



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| Do you have the ability to film and broadcast your own livestream concert? | |
|--|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Not applicable to the context of this project <input type="checkbox"/> | |

| You are applying to this grant stream as a: |
|--|
| <ul style="list-style-type: none"> <input type="radio"/> Solo show <input type="radio"/> Duo show – specify with whom? _____ <input type="radio"/> Group show (3+) – specify with whom? _____ _____ |

BUDGET

| Estimated costs | |
|-----------------|--------|
| source | amount |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Anticipated sources of revenues | |
|--|--------|
| If this grant doesn't cover the full costs of your project, what other funding sources have you confirmed? | |
| source | amount |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
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| | |

| | |
|----------------------------|--|
| Total cost of your project | |
| Anticipated revenues | |
| Amount requested | |



AUTHORIZATIONS & DECLARATIONS

| AUTHORIZATIONS by the artist | initial |
|---|----------------|
| I declare that I am a professional artist. | |
| I declare that I am a legal resident within the territory of the MRC Pontiac. | |
| I declare that I have been living within the territory of the MRC Pontiac for a minimum of 2 years. | |
| I agree to acknowledge the MRC Pontiac's financial contribution in the promotion of this project, should I be selected. | |
| SIGNATURE (required by ALL) | |
| I declare that the information and documents provided are accurate. | |
| Name (please print): _____ | |
| _____ | _____ |
| signature | Date |
| Name (Please print): _____ | |
| _____ | _____ |
| signature | Date |
| Name (Please print): _____ | |
| _____ | _____ |
| signature | Date |

Sabrina Ayres

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MRC Pontiac

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