# Canada Council for the Arts logoJohn Hobday Awards in Arts Management

## Identification form

The information that you provide on the identification form will not be submitted to the assessment committee.

### Identification of applicant

Full legal name

Alias (if applicable)

[ ]  Ms. [ ]  Mr. [ ]  Other Year of birth

Complete address

Primary Telephone Secondary Telephone

Email Website

I prefer to communicate with the Canada Council in: [ ]  English [ ]  French

### Identification of mentor (if applicable)

Full legal name

Alias (if applicable)

[ ]  Ms. [ ]  Mr. [ ]  Other Year of birth

Complete address

Primary Telephone Secondary Telephone

Email Website

I prefer to communicate with the Canada Council in: [ ]  English [ ]  French

### Declaration of applicant

To be eligible, you must confirm your agreement with all of the following statements:

* I am a Canadian citizen or have permanent resident status, as defined by Immigration, Refugees and Citizenship Canada.
* I have carefully read the eligibility criteria for this prize, which are described in the application guidelines, and I meet these criteria.
* I understand that I am responsible for informing myself about and following any and all applicable ethical and legal responsibilities and/or appropriate protocols related to linguistic or cultural intellectual property.
* I commit to provide safe working conditions and to foster a workplace free from discrimination, harassment and sexual misconduct.
* I confirm that I (or my organization) abide(s) by all applicable municipal, provincial or territorial employment legislation, including, but not limited to that relating to employment standards, occupational health and safety, and human rights.
* I understand that I cannot receive prize money until all overdue final reports for Canada Council grants and prizes have been submitted and approved.
* I accept the conditions of this prize and agree to accept the Canada Council’s decision.

I am aware that the Canada Council is subject to the *[Access to Information](https://laws-lois.justice.gc.ca/eng/acts/A-1/index.html)* and [*Privacy Acts.*](https://laws-lois.justice.gc.ca/eng/acts/P-21/FullText.html)

[ ]  **I confirm that:**

* I agree with the statements above.
* The statements in my application are complete and accurate, to the best of my knowledge.

Name Date

### Declaration of mentor (if applicable)

To be eligible, you must confirm your agreement with all of the following statements:

* I am a Canadian citizen or have permanent resident status, as defined by Immigration, Refugees and Citizenship Canada.
* I have carefully read the eligibility criteria for this prize, which are described in the application guidelines, and I meet these criteria.
* I understand that I am responsible for informing myself about and following any and all applicable ethical and legal responsibilities and/or appropriate protocols related to linguistic or cultural intellectual property.
* I commit to provide safe working conditions and to foster a workplace free from discrimination, harassment and sexual misconduct.
* I confirm that I (or my organization) abide(s) by all applicable municipal, provincial or territorial employment legislation, including, but not limited to that relating to employment standards, occupational health and safety, and human rights.
* I accept the conditions of this prize and agree to accept the Canada Council’s decision.
* I am aware that the Canada Council is subject to the [*Access to Information*](https://laws-lois.justice.gc.ca/eng/acts/A-1/index.html) and [*Privacy Acts*.](https://laws-lois.justice.gc.ca/eng/acts/P-21/FullText.html)

#### [ ]  I confirm that:

* I agree with the statements above.
* The statements in my application are complete and accurate, to the best of my knowledge.

Name Date

### Access Support (if applicable)

Applicants who are Deaf, have disabilities or are living with mental illness may apply for additional funds to cover expenses for specific services and supports which are required to carry out the proposed eligible activities. Access support funds are separate from grant funds. Do not include the total amount requested above within your budget for the proposed activities.

#### Total access support amount requested

This amount must match the sum of the amounts requested in the description and cost breakdownbelow.

#### $

If successful, you might not be awarded the full amount requested.

#### Description and cost breakdown

Describe in detail the required services and supports and provide the cost breakdown. The description should include as much detail as possible and describe why the supports and/or services are required to carry out your activities. For example:

|  |  |
| --- | --- |
| Description | Cost breakdown |
| Workshop leaders will require sign language interpretation to communicate with me during the workshop. I will need to hire 2 interpreters for 3 hours at $80 per hour each  | 3x $80 x 2 = $480 |
| Travel expenses from Montreal – Ottawa for sign language interpreters (2 bus tickets at $75 each) | $75 x 2 = $150 |
| Total request | **$630** |

Personal information collected on this form will be stored in the Personal Information Bank for the appropriate program CC ART 202. Protected when completed.

## Required documents and support material

### Required documents

#### Note: The Canada Council will not return the documents to you.

#### Detailed project description (1500 words maximum)

Clearly describe your proposed project and its potential impact on your career, addressing:

* the reasons why you are applying for this award
* the suitability of the program or mentor: explain why you chose this program or mentor
* the project’s potential to empower you as an arts manager
* how the experience will address challenges and help to improve and strengthen your management capacity
* the anticipated impact that the experience will have on your opportunities for advancement OR the potential impact of the project on your career
* the long-term benefits to the arts in general

the potential of this project to contribute to the renewal and support of the arts towards a more equitable, diverse, and inclusive society

If your proposed activity touches on Indigenous traditional knowledge, linguistic or cultural intellectual property please describe your relationship to this content and how appropriate protocols were observed or addressed.

**In the case of a mentorship, the project description must be signed by you and your mentor**. You must also include:

* the access you will have to the mentor and to decision-makers
* the contribution that the project would make to the transfer of knowledge, and development of the next generation of arts managers

#### A biography (1 page maximum)

#### Your current professional curriculum vitae (10 pages maximum)

* emphasize your achievements in the arts management field
* your curriculum vitae must demonstrate a minimum of 10 years’ experience as a professional arts manager

#### Your mentor’s current curriculum vitae (if applicable, 10 pages maximum)

#### Profile and mandate (1 page each maximum)

* of the arts organization that currently employs you, and of your mentor’s organization (if applicable)

#### Detailed budget or financial analysis

* showing the anticipated expenses for the project

#### Schedule or time frame for the project

#### An official letter

* Professional Development and Renewal
	+ confirming your acceptance into the program and/or a copy of the official registration documents from the institution or organization that will be providing the program of study.
* Mentorship
	+ from your organization confirming you will be granted release time for the duration of the mentorship
	+ from the mentor’s organization confirming permission for the mentor to take the time away, and that the mentee will have access to the premises for the duration of the mentorship project.

#### Letters of support (3 maximum)

from 3 different arts organizations or arts managers

#### Instructions

* Text files must be in .pdf, .doc or .docx, .txt or .rtf format.
* Do not use punctuation, spaces, special characters, or more than 45 characters in your file names.
* We do not accept compressed files such as .zip, .rar, .7zip, htm, or .html, executable files such as .exe, .com etc., or file sharing services such as Google Drive, WeTransfer, or Dropbox.



# John Hobday Awards in Arts Management

## Application form

The information that you provide in this form will be submitted to the peer assessment committee.

### Identification of applicant

Full name

City and province / territory

Year you began your career in the arts or in arts management

### Identification of mentor (if applicable)

Full name

City and province / territory

### Category

Choose only one: [ ]  Professional Development and Renewal [ ]  Mentorship

Period to be covered by this award:

From (day/month/year) to (day/month/year)

### Brief project description (15 words maximum)

## Checklist

Use this checklist to confirm that you have completed all relevant sections of the form and have included all required support material.

You must include the following items in the order shown below.

#### [ ]  Identification form (confidential)

* Declaration of applicant
* Declaration of mentor (if applicable)

#### [ ]  Application form

#### [ ]  Required documents

* Detailed project description (1500 words maximum)
	+ signed by you and your mentor, if applicable
* A biography (1 page maximum)
* Your current professional curriculum vitae (10 pages maximum)
* Profile and mandate of your organization (1 page maximum)
* Detailed budget or financial analysis
* Schedule or time frame for the project
* Letters of support (3 maximum)

#### [ ]  Additional required documents for Professional Development and Renewal

* An official letter confirming your acceptance and/or a copy of the official registration documents

#### [ ]  Additional required documents for Mentorship

* Your mentor’s current curriculum vitae (10 pages maximum)
* Profile and mandate of your mentor’s organization (1 page maximum)
* An official letter
	+ from your organization confirming you will be granted release time for the duration of the mentorship
	+ from the mentor’s organization confirming permission for the mentor to take the time away, and that the mentee will have access to the premises

Send your completed applicationform and required documents **as 1 email** **with attachments** to johnhobday-prizes@canadacouncil.ca on or before the deadline by 11:59 pm (local time).

* The maximum file size including attachments is 25 MB.
* ZIP files are not accepted. They will block your email from being received by our server.
* We do not accept file sharing links to Google Drive, WeTransfer, or Dropbox

If you do not receive a confirmation email within 3 business days, please contact us.

Incomplete or late applications will not be assessed.

*PROTECTED B (when completed) PIB CC PPU 020*



Voluntary self-Identification

The Canada Council for the Arts encourages you to complete this voluntary self-identification form to help determine whether its programs and services are representative of the individuals and communities it serves.

This information is collected for analysis and reporting at an aggregate level for research, evaluation, and performance measurement. The information you provide on this form will not be used to assess your application.

Note that completing this form is optional.

Please complete this form even if you have provided self-identification information in the Canada Council’s online portal.

**If you are an individual, group or organization from one or more of the following groups, please check any boxes that apply.**

**Note for groups:** Your group must meet the following criteria:

* Your group's members are from one or more of the groups listed below.
* Your group's artistic activities are focused on the expressions, perspectives or lived experiences of one or more of these groups.

**Note for organizations:** Your organization must meet the following criteria:

* The focus of your organization's mandate is to create, produce, distribute, or collect art by one or more of the groups listed below, or to provide resources for one or more of these groups. In the case of First Nations, Inuit or Métis organizations, your mandate is focused on supporting the artistic and cultural practices of First Nations, Inuit or Métis peoples.
* Your organization's board of directors or equivalent governance group has individuals from one or more of these groups.
* Your organization directs most of its financial or human resources to one or more of these groups.

[ ]  First Nations, Inuit or Métis peoples

[ ]  Black communities

[ ]  Racialized (culturally diverse) communities

Refers to people of African, Asian, Latin American, West or Central Asian, Pacific Islander, or mixed heritage that includes one or more of these groups who have been historically disadvantaged as a group and may experience discrimination based on colour, culture and race.

[ ]  Deaf communities

Refers to people with hearing loss, or who are hard-of-hearing, oral-deaf, deaf-blind and late-deafened, many of whom identify as culturally Deaf - sharing distinct sign languages, traditions, histories, and values.

[ ]  Disability communities

Refers to people with physical or intellectual disabilities, mental or chronic illness, or neurodivergence who experience discrimination and disadvantage. Disabilities can be long-term, temporary or fluctuating.

[ ]  Anglophone official language minority communities

Refers to English speakers in Quebec.

[ ]  Francophone official-language minority communities

Refers to French speakers outside Quebec.

[ ]  2SLGBTQI+ communities

Refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additionally sexually-diverse and gender-diverse people.

[ ]  Gender-diverse communities

Refers to transgender, non-binary, Two-Spirit, genderqueer, agender and additionally gender-diverse people.

[ ]  Women

[ ]  Youth

Refers to people under 35 years of age.

[ ]  None of the above

[ ]  Prefer not to answer

**Consent to share information**

1. Please check **one** of the options below:

[ ]  I consent to have the Canada Council for the Arts share my information with other Canadian government departments and organizations with whom the Council has a data sharing agreement.

[ ]  I do not consent to have the Canada Council for the Arts share my information with other Canadian government departments and organizations with whom the Council has a data sharing agreement.

**I confirm that I agree to the following:**

[ ]  I have provided the personal information in this form with the understanding that it will be used only for the purposes stated in this form and in the [Canada Council’s Privacy Notice.](http://canadacouncil.ca/about/public-accountability/privacy-notice)

[ ]  The information I have provided is accurate and complete.

Privacy Notice

The personal information collected via this form is used to determine whether its programs and services are representative of the individuals and communities it serves. It is collected pursuant to subsection 8(1) of the [*Canada Council for the Arts Act*.](https://laws-lois.justice.gc.ca/eng/acts/C-2/FullText.html) Your personal information which is under the control of the Canada Council for the Arts is protected by the [*Privacy Act*](https://laws-lois.justice.gc.ca/eng/ACTS/P-21/index.html), and you have the right to request access to it and to request its correction. You also have the right to file a complaint with the [Privacy Commissioner of Canada](https://www.priv.gc.ca/en/) regarding the collection and handling of your personal information by the Canada Council for the Arts. This personal information is associated with personal information bank [CC PPU 203](https://canadacouncil.ca/about/public-accountability/info-source).

To request access to your information or to have corrections made to it, contact the Access to Information and Privacy (ATIP) coordinator by email at atip-aiprp@canadacouncil.ca or by phone at 1-800-263-5588 or 613-566-4414, ext. 4015.

Questions

If you have any questions, please contact Prizes at prizes@canadacouncil.ca or 1-800-263-5588. If you are Deaf, hard of hearing or a TTY user, please use your preferred MRS (Message Relay Service) or IP (Internet Protocol) service to contact us. Canada Council also welcomes VRS (Video Relay Service) calls. For more information, please visit the VRS Canada website (<http://srvcanadavrs.ca/en/>).

*Personal information collected on this form will be stored in* [*Personal Information Bank*](https://canadacouncil.ca/about/public-accountability/info-source) *CC PPU 020 and CC PPU 203. Protected B when completed.*