

NB/MB Creative Residency

1. Name of recipient: _____ Competition of: _____
Month-DD-Year
2. Discipline: (Please check)
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Craft | <input type="checkbox"/> Media Arts | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Multidisciplinary Arts | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Literary Arts | <input type="checkbox"/> Music - Classical | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Literary Translation | <input type="checkbox"/> Music – Non-Classical | <input type="checkbox"/> Architecture |
3. Address: _____

- Telephone: _____ Fax: _____
4. Name(s) of artist(s) involved in this residency or project: _____
5. Residency dates: planned starting and completion dates: _____
6. Please report any changes that may have occurred in you travel expenses and other changes not specified in your original application on a separate sheet and attach it to this completed form.

CONDITIONS AND PAYMENT SCHEDULE

- The grant will be forwarded in one lump-sum payment. The recipient agrees to submit a detailed report on how the grant was used within 30 days of the completion of the residency.

We asks that all publicity associated with the project appropriately credit **artsnb** for its support.

Recipients altering the terms of the project will be required to reimburse the trust fund a portion, or the total amount, of the grant awarded as determined by **artsnb**.

I hereby attest that I shall carry out this residency as described in the application submitted under the juried program administered by **artsnb**.

Signature of the Recipient

Date

Please return this Confirmation Report, completed and signed, to:

artsnb
61 Carleton Street
Fredericton, NB E3B 3T2

Tel: (506) 444-4444
Toll Free in NB : 1-866-460- ARTS (2787)
Fax: (506) 444-5543