

Creation

1. Name of grant recipient: _____

2. Competition deadline: _____
(Month-DD-Year)

3. 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 | |

4. Address: _____

Telephone: _____ Fax: _____

5. Project title: _____

6. Progress of approved project: _____

I hereby attest that I am carrying out my project as described in the application submitted under the juried programs administered by **artsnb**.

I recognize that my grant is conditional on my completing the work proposed in my application. I understand that if I fail to carry out the project as proposed, I shall have to repay the total amount of my grant to **artsnb**.

I agree to provide **artsnb** with a final report of the activity once it is completed. **Note:** Artists who have an outstanding final report and who have exceeded the prescribed time limit of 3 years of the date of award are **ineligible for any other artsnb grants** until this final report is submitted and approved.

Signature of grant recipient

Date

The last installment of your grant will be sent upon receipt and approval of this interim report. Please send the duly completed Interim Report 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