

### Documentation

1. Name of grant recipient: \_\_\_\_\_

2. Competition deadline (month/day/ year): \_\_\_\_\_

3. Discipline: (Please check)

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Classical Music        | <input type="checkbox"/> Non-Classical Music | <input type="checkbox"/> Literary Arts        |
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance                  | <input type="checkbox"/> Theatre             | <input type="checkbox"/> Literary Translation |
| <input type="checkbox"/> Media Arts  | <input type="checkbox"/> Multidisciplinary Arts | <input type="checkbox"/> Storytelling        |   |

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