

### Artist in Residence

Please complete this form, attach required documents and keep a copy for your files.

1. Information concerning grant recipient:

Name of recipient: \_\_\_\_\_ Competition of: \_\_\_\_\_  
Month-DD-Year

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  |                                       |

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Project title: \_\_\_\_\_

3. Location-s and dates of project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide the information required for the article 4, 5 and 6 on separate sheets and attach to your report.

4. Description of completed project: **(Attach document.)**

5. Results of project (please attach a copy of your work (eg: digital still images, photographs, cassette, video, manuscript, etc.) and any documentation pertaining to the project (eg: promotional, material, programs, news clippings, etc): **(Attach document.)**

6. How has credit been given for the grant received? **(Attach document.)**

7. Please complete this financial statement. First report amounts as **budgeted** in your original application then report the **incurred** amounts and **confirmed revenue**.

**Note: artsnb reserves the right to request receipts.**

EXPENSES	Budgeted	Incurred	For office use only
			Approved by artsnb
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL :</b>	\$	\$	\$
REVENUE	Anticipated Revenue	Confirmed Revenue	
<b>TOTAL:</b>	\$	\$	
<b>GRANT REQUESTED:</b>	\$		
<b>Grant Approved:</b>			\$
<b>First Instalment:</b>			\$
<b>Second Instalment:</b>			\$

\_\_\_\_\_  
Signature of grant recipient  
person responsible for the project

\_\_\_\_\_  
Date

The second installment of your grant will be sent to you upon receipt and approval of a **Final Report**, which must be submitted within thirty (30) days following the completion of the project. No recipient is eligible for a new grant until the Final Report on the last completed project for which funding was received has been submitted and approved.

**Note:** In the event of overlap, where the deadline date for new funding precedes the completion date of the previous project, an **Interim Report** is required indicating the status of the previous project and the expected submission date of the final report. No installments will be issued on submission of an **Interim Report**.

Please send the duly completed Final Report to **artsnb** at the following address:

**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