

NB/QC Creative Residency

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.)**

Signature of grant recipient
person responsible for the project

Date

This **Final Report** 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.

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