

Career Development: Artist-in-Residence Component

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

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
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL :	\$	\$	\$
REVENUE	Anticipated Revenue	Confirmed Revenue	
TOTAL:	\$	\$	
GRANT REQUESTED:	\$		
Grant Approved:			\$
First Instalment:			\$
Second Instalment:			\$

Signature of grant recipient

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.

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