

Creation

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 or letter from an editor, 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
Subsistence for _____ / months at ____ / month (maximum 1 500 \$ per month)	\$	\$	\$
Execution costs:			
Research and development	\$	\$	\$
Materials	\$	\$	\$
Space Rental	\$	\$	\$
Services	\$	\$	\$
Travel and transportation costs:			
Transportation	\$	\$	\$
Meals	\$	\$	\$
Accommodations	\$	\$	\$
Packing and shipping	\$	\$	\$
TOTAL:	\$	\$	\$
REVENUE	Anticipated Revenue	Confirmed Revenue	
TOTAL:	\$	\$	
GRANT REQUESTED	\$		
	Grant Approved:		\$
	First Instalment:		\$
	Second Instalment:		\$
	Last Instalment:		\$

Signature of grant recipient

Date

A **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 and the financial statement on the last completed project for which funding was received has been submitted and approved.

Please send the duly completed Final Report to 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