

### Greater Saint John Regional Project

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: \_\_\_\_\_

Please provide the information required for the article 2, 3, 4, 5, 6 and 7 on separate sheets and attach to your report.

2. Project title. **(Attach document.)**
3. Location-s and dates of project. **(Attach document.)**
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 include the financial statement for the project detailing the use of the grant received (including a copy of the receipts). **(Attach document.)**

\_\_\_\_\_  
Signature(s) of grant recipient(s) or  
person responsible for the project.

\_\_\_\_\_  
Date

The **Final Report** must be submitted within three (3) months 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