

# artsnb

## Artist in Residence

Juried Program

A separate application form is required for each grant request. Refer to the program description to confirm that all the materials required to complete your application are included. Please print clearly in black ink, to facilitate duplication. Do not bind, staple, or place your application in folder. **Keep a copy of this application for your records.**

### 1. INFORMATION ON THE TYPE OF GRANT REQUESTED

#### 1.1 Type of grant requested:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual:              | <input type="checkbox"/> Short-term residence (1 to 6 months) |
| <input type="checkbox"/> Institution:             | <input type="checkbox"/> Full-term residence (6 to 12 months) |
| <input type="checkbox"/> Non-Profit-Organization: |   |
| <input type="checkbox"/> For-Profit-Organization: |   |

Competition deadline: February 1

#### 1.2 Discipline of the proposed artist:

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Classical Music        | <input type="checkbox"/> Non-Classical Music | <input type="checkbox"/> Literary Arts        |
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance                  | <input type="checkbox"/> Theatre             | <input type="checkbox"/> Literary Translation |
| <input type="checkbox"/> Media Arts  | <input type="checkbox"/> Multidisciplinary Arts | <input type="checkbox"/> Storytelling        |   |

### 2. INFORMATION ON THE APPLICANT

Name of individual, institution or organization: \_\_\_\_\_

Name of project coordinator (if applicable): \_\_\_\_\_  
(and position held within the organization or the institution)

Date and location of founding (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone (W): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### 3. INFORMATION ON THE PROPOSED ARTIST (for organization or institution only)

Name: \_\_\_\_\_  
(First name) (Surname)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone (W): \_\_\_\_\_

**4. INFORMATION ON THE RESIDENCY**

**4.1 Title of the residency:**

**4.2 In 250 words or less please give us a description of the residency for which the grant is requested and explain how this residency contributes to the advancement of the professional arts in New Brunswick through this institution or organization: Attach document if necessary.**

(Please note that exceeding the 250 word limit may put your request at a disadvantage since only up to 250 words will be translated.)

**4.3 Date, duration and location of the residency:**

**4.4 List of persons participating (if applicable):**

_____	_____
_____	_____
_____	_____
_____	_____

**5. BUDGET**

Applicants are required to identify all estimated expenses in the left column and all expected revenues in the right column, including all other grants received or anticipated from any source.

EXPENSES		REVENUE AND ANTICIPATED REVENUE	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$

**GRANT REQUESTED:** \$ \_\_\_\_\_

**Individuals and non-profit organizations:**

- ◆ Short term - 100% of stipend to a maximum of \$5,000
- ◆ Full term - 100% of stipend to a maximum of \$10,000

**Institutions and for-profit organizations:**

- ◆ Short term - 50% of stipend to a maximum of \$5,000
- ◆ Full term - 50% of stipend to a maximum of \$10,000

**6. LETTERS OF RECOMMENDATION - OPTIONAL**

Applicants are encouraged to request letters of recommendation supporting the proposed artist(s), but they will not be disqualified if no letters are received. Appraisers should be given a copy of the form entitled, "Letter of Recommendation," and be asked to return it, duly completed, to artsnb within one week following the deadline. Letters of recommendation arriving late may not be included in the material presented to the jury.

**7. SAMPLES OF WORK**

All applicants are required to submit samples of work and accompanying descriptions or synopses of the proposed artist(s) with their application. Please refer to the Artist-in-Residence Program Description to make sure you have included the samples of work requested for the appropriate discipline.

**Note:** Please write the name on each item which you are sending and bear in mind that the technical quality of the material might influence the recommendation of the jury. Samples of work will be returned once your application has been evaluated and at the condition that a self-addressed and sufficiently stamped envelope is provided with the application.

**8. REQUIREMENTS CHECKLIST**

Please refer to the headings, "Requirements" and "Samples of work" in the program description to make sure all the information required to complete your application is included. Check the appropriate boxes below.

All applicants must provide:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Application form including budget;</li> <li><input type="checkbox"/> Résumé (CV) or biography of the proposed artist (max. 4 pages);</li> <li><input type="checkbox"/> Samples of work produced by the proposed artist (please specify):<br/>_____</li> <li><input type="checkbox"/> Information on the samples of work (digital still images list, details on video, CD, etc.);</li> <li><input type="checkbox"/> Letter of agreement with the proposed artist(s) stipulating the terms of the agreement as regards the project and the stipend;</li> <li><input type="checkbox"/> Official financial commitment by the public or private institution or organization (official documents required);</li> <li><input type="checkbox"/> letter of invitation or confirmation from the partners (if applicable);</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Critical reviews, press clippings, awards, etc., of the proposed artist photocopied clearly on 8 ½ x 11 paper (max. 4 pages) – optional;</li> <li><input type="checkbox"/> Letters of recommendation – optional;</li> <li><input type="checkbox"/> Any other pertinent documentation which supports the application (please specify):<br/>_____</li> <li><input type="checkbox"/> Self-addressed stamped envelope (for return of sample of work).</li> </ul> <p>For <b>applications to renew a residency</b>, only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of community involvement during previous residency.</li> </ul> <p>For <b>private</b> institutions and organizations, only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of constitution (if applicable);</li> <li><input type="checkbox"/> Financial statement for the last fiscal year;</li> <li><input type="checkbox"/> Names of officers and number of members.</li> </ul> |
|--|---|

**9. PREVIOUS FUNDING**

Have you previously received a grant from the juried programs?  Yes  No  
 If yes, specify:

Year	Project	Program	Amount of grant	Final Report submitted

**10. APPLICANT AGREEMENT**

- I hereby certify that, to my knowledge, the information provided with this application is accurate, and I accept the conditions as described in the Program Description for Artist-in-Residence.
- I recognize that, beyond the provision of a grant, **artsnb** has no further commitment to the funded activity, nor to the applicant, and that **artsnb** will not be held responsible for the completion of the activity nor for the work produced.
- I agree to provide **artsnb** with a complete report of the activity once it is finished.
- I agree to acknowledge the contribution of **artsnb** in all publicity related to the funded activity.
- I recognize that **artsnb** will not be held responsible for any loss or damage of samples of work.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**SEND TO:**

Please return this completed Application Form along with the requested material and samples of work to:

**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

**NOTIFICATION OF RESULTS**

Applicants will be notified of the results, by mail, approximately three months after applications are submitted.

**Results will not be released over the telephone.**

**Ce formulaire est également disponible en français.**

**artsnb** reserves the right to revise its programs without notice.

**artsnb** is the brand name of the New Brunswick Arts Board.



