

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 (3 to 6 months) |
| <input type="checkbox"/> Institution: | <input type="checkbox"/> Short-term residence (1 to 6 months) |
| <input type="checkbox"/> Non-Profit-Organization: | <input type="checkbox"/> Full-term residence (6 to 12 months) |
| <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 350 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 350 word limit may put your request at a disadvantage since only up to 350 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	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL:	\$	TOTAL:	\$

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. 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

7. 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.

8. 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.

9. 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:

- Application form including budget;
- Résumé (CV) or biography of the proposed artist (max. 4 pages);
- Samples of work produced by the proposed artist (please specify):

- Information on the samples of work (digital still images list, details on DVD, CD, etc.);
- Letter of agreement with the proposed artist(s) stipulating the terms of the agreement as regards the project and the stipend;
- Official financial commitment by the public or private institution or organization (official documents required);
- letter of invitation or confirmation from the partners (if applicable);
- Critical reviews, press clippings, awards, etc., of the proposed artist photocopied clearly on 8 ½ x 11 paper (max. 4 pages) – optional;
- Letters of recommendation – optional;
- Any other pertinent documentation which supports the application (please specify):

For applications to renew a residency, only:

- Evidence of community involvement during previous residency.

For private institutions and organizations, only:

- Copy of constitution (if applicable);
- Financial statement for the last fiscal year;
- Names of officers and number of members.

Please confirm:

- Yes**, I want my samples of work returned to me.
 - I included a self-addressed and **sufficiently** stamped envelope large enough to contain all support material for the return of samples of work. **Works accompanied with envelopes bearing insufficient postage will not be returned.** It is the responsibility of the applicant to ensure that materials can be returned without damage.
 - or**
 - I will make arrangements to have them picked-up at **artsnb**' s office.
- No**, I don't want the samples of work returned to me and artsnb may dispose of it at its convenience.

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 or activity related to the funded activity.
- I agree to notify **artsnb** of any public presentation associated to a funded project so that board members may attend.
- 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.

INFORMATION ON THE APPRAISERName of appraiser: _____
(First name) (Surname)

Telephone (H): _____ Telephone (W): _____

NOTICE TO APPRAISER: artsnb would appreciate receiving your assessment of the proposed artist artistic achievements, as well as his/her capability to complete the proposed activity. Your comments will be considered by the jury in its evaluation of the application. Confidentiality will be maintained, subject to legislation on access to information. If necessary, you may use an additional page. Please **type** or **print** clearly in black ink.

ASSESSMENT

- ***My assessment of the proposed artist's artistic achievements:***

- ***My assessment of the applicant's proposed residency:***

- ***My assessment of the proposed artist's ability to successfully complete the proposed residency:***

Signature of appraiser_____
Date**SEND TO:**

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61 Carleton Street
Fredericton, NB E3B 3T2

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Fax.: (506) 444-5543

NOTE:

Letters of recommendation should be postmarked within one week following the deadline. Letters of recommendation arriving late may not be included in the material presented to the jury. If you are sending the letter of recommendation by fax to meet the deadline, please send the signed, original version by mail subsequently.

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