



**3. ARTS BY INVITATION (ONLY) : INFORMATION ON THE ACTIVITY**

Please provide the following information on separate sheets and attach to your application.

**3.1 Title of the activity:** \_\_\_\_\_

**3.2 In 350 words or less, please give us a description of the activity for which the grant is requested, and explain how this activity contributes to the advancement of your artistic practice.**

**3.3 Date, duration and location of the activity:**

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

**3.5 Information concerning hosting party:** Please attach detail information on the arts festival, competition or exhibition as provided by the event organizer (e.g. flyers, programs, web page, etc...).

Name of the host organization: \_\_\_\_\_

Contact Person : \_\_\_\_\_  
(and position held within the organization or the institution)

Mailing address : \_\_\_\_\_ City or Town : \_\_\_\_\_

Province/State : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ Telephone (W) : \_\_\_\_\_

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

Event Web site : \_\_\_\_\_

**3.6 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>Transportation :</b> - Plane, bus or train ticket : <b>or</b> - Personal vehicle (35¢ / Km.)	\$	<b>artsnb</b>	\$
- Ground transportation :			
- freights and cargo expenses :			
<b>Accommodations :</b> - Hotel : <b>or</b> Billeting Allowance (\$25 / night)	\$		\$
<b>Note:</b> All other expenses are ineligible.			\$
<b>TOTAL :</b>	\$	<b>TOTAL :</b>	\$

**GRANT REQUESTED : \$ \_\_\_\_\_**  
Up to a maximum of \$2000

**Present a balanced budget; the total of expenses is the same as the total of revenue and anticipated revenue.**

**Note:** The jury has the discretion to reduce the recommended amount for a project. If the jury recommends an amount less than what the artist applied for, the artist will be contacted to discuss the details of the adjustment.

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

**4. ARTIST IN RESIDENCE (ONLY) : INFORMATION ON THE RESIDENCY**

Please provide the following information on separate sheets and attach to your application.

**4.1 Title of the residency:** \_\_\_\_\_

**4.2 In 350 words or less, please give us a description of the activity for which the grant is requested, and explain how this activity contributes to the advancement of your career as a professional artist.**

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

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

**4.5 Information concerning hosting party:** Please also provide relevant information describing their mission and activities on separate sheets.

Name of hosting organization or institution: \_\_\_\_\_

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

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

Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ Telephone (W) : \_\_\_\_\_

Fax : \_\_\_\_\_ Email: \_\_\_\_\_

Website : \_\_\_\_\_

**4.6 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	
Subsistence for _____ months at \$ _____ / month	\$	artsnb	\$
Research and development	\$	Personal contribution:	\$
Materials	\$	Other grants: (specify)	\$
Travel	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$

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

- 100 % of stipend; up to \$3,000 per month and up to \$1,000 in travel expenses.

**Present a balanced budget; the total of expenses is the same as the total of revenue and anticipated revenue.**

**Note:** The jury has the discretion to reduce the recommended amount for a project. If the jury recommends an amount less than what the artist applied for, the artist will be contacted to discuss the details of the adjustment.

**5. PROFESSIONAL DEVELOPMENT (ONLY) : INFORMATION ON THE PROGRAM OR THE ACTIVITY**

**Program or course of study (please check) :**

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor degree program | <input type="checkbox"/> Master degree program |
| Major _____                                      | <input type="checkbox"/> Diploma               |
| Minor _____                                      | <input type="checkbox"/> Other (specify) _____ |

**Title and description of course of study or activity:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Full time and Part time only:**

- Duration of program / course:  
\_\_\_\_\_ (e.g.: Bachelor degree, 4 years program)
- This fall, what grade or year of study will you be entering?  
\_\_\_\_\_ (e.g. : Bachelor degree, 2<sup>nd</sup> year of program)

**Name and address of educational institution or private instructor :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Short-term only:**

Dates and duration of the course or the activity:

\_\_\_\_\_

\_\_\_\_\_

**BUDGET :**

Please indicate anticipated costs for your proposed course/studies.

EXPENSES		
Tuition or registration fee:	\$	
Accommodation and living expenses:	\$	
Travelling expenses:	\$	
Other:	\$	
		<b>Amount Requested :</b> <input type="checkbox"/> Full-time studies (\$2,500 maximum) (6 to 12 months) <input type="checkbox"/> Part-time studies (\$1,000 maximum) <input type="checkbox"/> Short-term studies (\$1,000 maximum)
<b>TOTAL:</b>	<b>\$</b>	

## 6. SAMPLES OF WORK

All applicants are required to submit 2 copies of their samples of their work (and samples of the work of the proposed artist(s) if applicable) with accompanying descriptions or synopses. Emerging artists should not present their student work to the jury. Carefully edit the materials you present.

**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.

## 7. 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 a balanced budget for proposed travel.
- Resume (CV) or biography (max. 4 pages).
- A 350 words description of the project. (except for the professional development component)
- 2 copies of a sample of work (please specify):

- Information on the submitted sample of work (digital still images list, details on video, CD, etc.).
- Critical reviews, press clippings, awards, etc. - photocopied clearly on 8 ½ x 11 paper – (max. 4 pages).
- Letters or recommendation – optional.

### For Arts-by-invitation component only:

- Information on the hosting party.
- A signed letter of invitation on letterhead paper.

### For Artist-in-Residence component only:

- Letter of agreement between the artist and the hosting institution or organization stipulating the terms of the agreement with regards to the project and the stipend.
- Official financial commitment by the hosting institution or organization (official documents required).
- Letter of invitation or confirmation from the partners (if applicable).

### For Professional Development component only:

- Typed letter to the jury outlining the professional career plans of the applicant (max. 1 page).
- Photocopy of program/course description and tuition fee as provided by the institution or private instructor.
- Résumé of the private instructor (if applicable).

### 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.

## 8. LETTERS OF RECOMMENDATION

First time applicants are strongly urged to include two letters of recommendation supporting their application but they will not be disqualified if no letters are received. Letters of recommendation should be provided by fellow practitioners in the same artistic field and who exhibit experience and expertise in said artistic field.

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 mailing date of your application. Letters arriving late may not be included in the material presented to the jury.

**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 Career Development.
- I recognize that, beyond the provision of a grant, **artsnb** has no further commitment to the funded activity, nor the applicant, and that **artsnb** will not be held responsible for the completion of the activity nor for the work produced.
- I certify that I have maintained a permanent residence in New Brunswick for at least one year (12 months) prior to application deadline.
- 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 along with the requested materials to :

**artsnb**  
61 Carleton Street  
Fredericton, NB E3B 3T2

Tel. : (506) 444-4444  
Toll Free within NB : 1-866-460-ARTS (2787)  
Fax : (506) 444-5543

**NOTIFICATION OF RESULTS**

Applicants will be notified of the results, by mail, within a month.

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

**artsnb** reserves the right to revise programs at any time without notice.

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



