

3. INFORMATION ON THE PROJECT

3.1 Title of the project:

3.2 In 500 words or less please give us a description of the project for which the grant is requested and explain how this project contributes to the advancement of your career as a professional artist: Attach document if necessary.
(Please note that exceeding the 500 word limit may put your request at a disadvantage since only up to 500 words will be translated.)

3.3 Date, duration and location of the project:

3.4 List of persons participating in the project including members of the collective and their SIN (if applicable):

3.5 Information concerning the partner (if applicable):

Name: _____ (First name) _____ (Surname)

Mailing address _____ City or Town: _____

Province: _____ Telephone (H): _____

Postal code: _____ Telephone (W): _____

E-mail: _____ Fax: _____

Name of contact : _____

4. BUDGET

All applicants are required to indicate anticipated costs of completing the project, and all projected means of financing it. 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	
Royalties	\$		\$
Rights / Artists' fees or honoraria	\$		\$
Artists' travel expenses	\$		\$
Other participants' travel expenses	\$		\$
Contracted Resources:			\$
Professional fees	\$		\$
Travel expenses	\$		\$
Per diem allowances	\$		\$
Execution costs:			\$
Materials	\$		\$
Equipment rental	\$		\$
Transportation	\$		\$
Promotion:	\$		\$
TOTAL:	\$	TOTAL:	\$
GRANT REQUESTED: \$ _____			
♦ \$ 5,000, or \$ 10,000, or \$ 15,000			

5. APPLICANT'S 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.
- I recognize that, beyond the provision of a grant, that **artsnb** and its partners have no further commitment to the project, nor to the applicant, and that they will not be held responsible for the completion of the project nor for the work produced.
- I certify that I have maintained a permanent residence in New Brunswick for at least one year (12 months) immediately 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** and of its partners in all publicity related to the project.
- I recognize that **artsnb** and its partners will not be held responsible for any loss or damage of samples of work.

Signature of applicant

Date

SEND TO: NOTIFICATION OF RESULTS

Please return this completed Application Form along with the requested material and samples of work to:
artsnb
61 Queen Street
Fredericton, NB E3B 3T2

Tel.: (506) 444-4444
Toll free in N.-B.: 1-866-460-ARTS (2787)
Fax.: (506) 444-5543

Applicants will be notified of the results, by mail, approximately 3 months after the competition deadline.

Results will not be released over the telephone.

Ce formulaire 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.

LETTER OF RECOMMENDATION

2009

<h1>artsnb</h1>	<h2>Greater Edmundston Regional Project</h2> <p>Juried Program</p>
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LETTERS OF RECOMMENDATION

Emerging artists and first time applicants are strongly encouraged to request two letters of recommendation supporting their application; however, 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.

NOTICE TO APPLICANT: Please complete the information indicated below before submitting this form to your appraiser.

INFORMATION ON THE TYPE OF GRANT REQUESTED

Type of grant requested:

\$ 5,000
 \$ 10,000
 \$ 15,000

Deadline: December 1

INFORMATION ON THE APPLICANT

Name: _____ (First name) _____ (Surname)

Mailing address: _____ City or Town _____

Province: _____ Postal code: _____

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

INFORMATION ON THE PROJECT

◆ **Title of the project :**

◆ **In 500 words or less please give us a description of the project for which the grant is requested and explain how this project contributes to the advancement of your career as a professional artist:**
 (Please note that exceeding the 500 word limit may put your request at a disadvantage since only up to 500 words will be translated.)

Attach document.

INFORMATION ON THE APPRAISER

Name of appraiser: _____ (First name) _____ (Surname)

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

I have known this applicant for _____ years _____ month (s) in my capacity as _____

NOTICE TO APPRAISER: **artsnb** would appreciate receiving your assessment of this applicant's artistic achievements, as well as his/her capability to complete the proposed project. 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	
◆	<i>My assessment of this applicant's artistic achievements:</i>
◆	<i>My assessment of the applicant's proposed activity:</i>
◆	<i>My assessment of the applicant's ability to successfully complete the proposed activity:</i>
Signature of appraiser	Date

SEND TO:	NOTE
<p>artsnb 61 Queen Street Fredericton, NB E3B 3T2</p> <p>Tel.: (506) 444-4444 Toll free in N.-B.: 1-866-460-ARTS (2787) Fax.: (506) 444-5543</p>	<p>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.</p>

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