ARTS ORGANIZATIONS AND ASSOCIATIONS PROFESSIONAL DEVELOPMENT

APPLICATION FORM



3- PROJECT DESCRIPTION:

For Professional Development applicants:

Describe the proposed workshop, seminar or conference, and how it will increase staff efficiency, enhance their professional skills and provide tools to better serve their communities:

Workshop, Seminar or Conference:

Name of Host Organization, S	School or Conference:	
Contact person:	Title:	
Address:		
Province/State:	Country:	
Postal/Zip Code:		
Telephone (H):	_ (W):	
Fax:	E-mail:	
Website:		

Participants:

Person(s) participating in project and their function within the organization:

4- **PROJECT BUDGET:**

Registration fees:
Per Diem / people / days:
Accommodation / people / days:
Transportation (airfare, train or bus):
OR
15¢ x kilometres: Local transportation (taxi, parking, tolls):
Local transportation (taxi, parking, tolls):
Total Expenditures:
Revenues:
A- Government contributions:
Provincial government:
Federal government:
Municipal government:
Other (specify):
B- Other Sources of Revenue:
Financial contribution of applicant organization:
Private sector contribution:
Total Revenues:
Grant Requested:\$

Note: Grant requests through this program cannot exceed 50% of the total eligible budget, to a maximum of \$1,200.

5- DECLARATION:

I hereby agree to provide all requested information as well as any other supporting documents needed to evaluate this application. I understand that my application may be disgualified if it is incomplete, and that projects or parts of projects started or completed before application is received will not be funded retroactively.

I recognize that applications are approved subject to availability of funds, and beyond the provision of a grant, the Province of New Brunswick has no further commitment to the applicant. The Province will not be held responsible for the completion of an activity.

I understand that the funds must be used as specified in the application and approved project, and that I will reimburse the funds in the case of a cancelled project.

I agree that my project will be completed by March 15 of the current fiscal year, and a final report will be submitted to the Department after the project is completed.

I agree to acknowledge the financial contribution of the Department in all publicity related to the activities of the proposed project, if applicable.

I certify that this organization is based in New Brunswick, that I have signing authority for the above-named organization, and that, to the best of my knowledge. the information provided with this application is accurate.

By signing this document, I understand that contact information on the organization that I represent (name, address, phone and fax numbers, e-mail and the contact person of the organization) may be available upon request to outside individuals or organizations.

I also understand that the grant obtained and the amount awarded becomes public information.

Name: Position/Title:

Signature:_____ Date:_____

PLEASE SEND THIS COMPLETED FORM AND OTHER DOCUMENTATION TO:

Arts Development Branch Wellness, Culture and Sport PO Box 6000 Fredericton, NB E3B 5H1

 Tel:
 506-453-2555

 Fax:
 506-453-2416

 E-Mail:
 <u>Artsnb@gnb.ca</u>

 Web site:
 www.gnb.ca (Keyword: Arts)

APPLICANT CHECK LIST:

- Completed and signed application form;
- Letter of confirmation from the workshop, seminar or conference organisers indicating purpose of training session;
- Description of proposed workshop, seminar or conference;
- Description, dates and location of event;
- Detailed information on the workshop, seminar or conference, as provided by the organisers;
- A complete budget of expenses and revenues, including other sources of potential financial support;
- Profile of applicant (biography, including a list of achievements in the arts).