



Department of Wellness, Culture and Sport

PARTNERSHIP PROGRAM FOR COMMUNITY CULTURAL ACTIVITIES

APPLICATION FORM

PART A - APPLICANT INFORMATION

Name of organization: _____

Incorporated or registered since: _____

Name of contact person: _____

Title/Position: _____

Address: _____

_____ Postal code: _____

Telephone (W): _____ (H): _____

Fax: _____

E-mail: _____

Name of board chairperson: _____

Website: _____

Have you submitted an application to the Department before? No Yes

If yes, please specify: _____

PART B - PARTNER ORGANIZATION INFORMATION

Name of organization: _____

Incorporated or registered since: _____

Name of contact person: _____

Title/Position: _____

Address: _____

_____ Postal code: _____

Telephone (W): _____ (H): _____

Fax: _____

E-mail: _____

Website: _____

PART C - PROJECT INFORMATION

Title of project: _____

Proposed dates: _____

Duration of project: _____

Grant requested: \$ _____ (As determined in Part D)

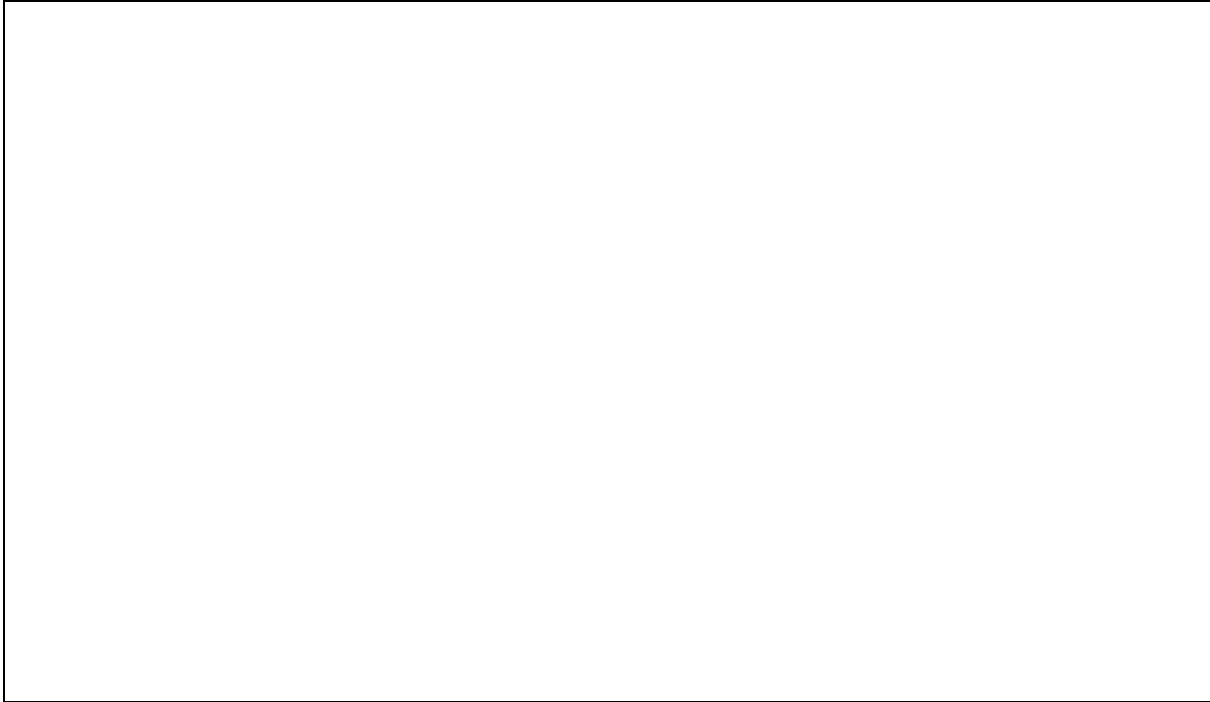
For Office Use Only. Grant recommended: \$ _____

Note: Please supply the following information in the space provided.

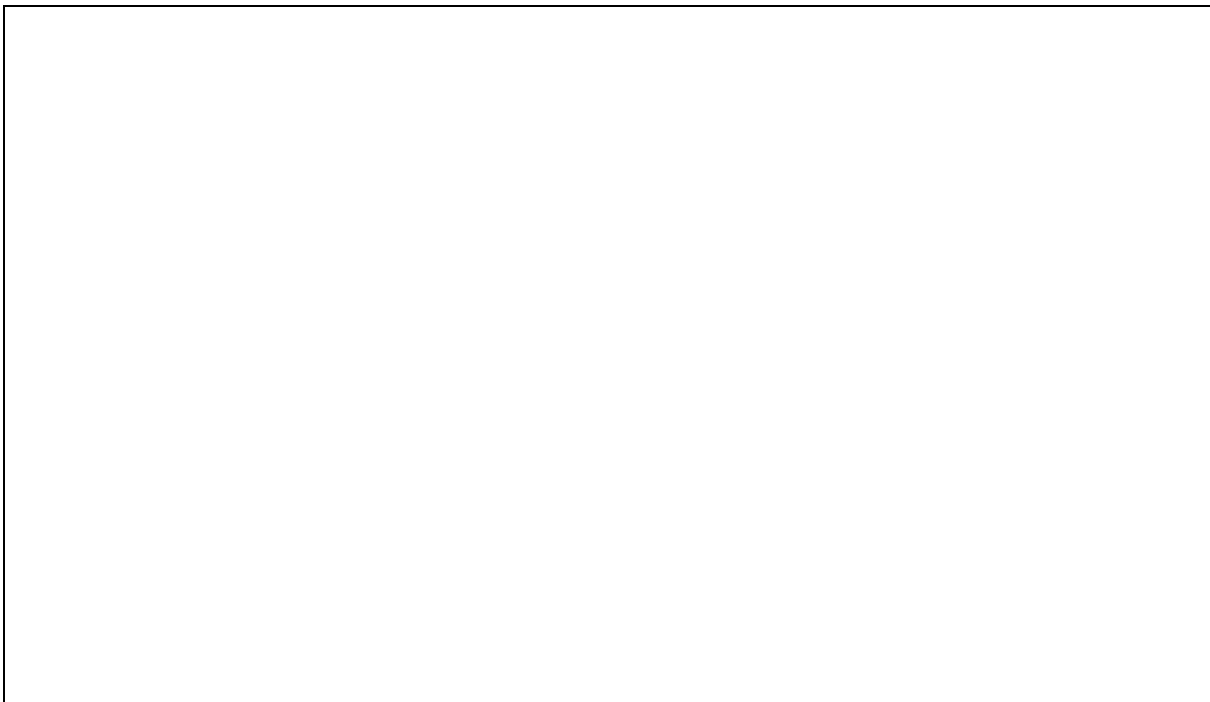
1 – Description and strategic merit of the project, demonstrating how the project meets the program’s objectives and target outcomes. (10 points)

PART C - PROJECT INFORMATION (CONTD.)

2 - Description of marketing and promotional strategy, explaining how the project will reach the target public. (4 points)

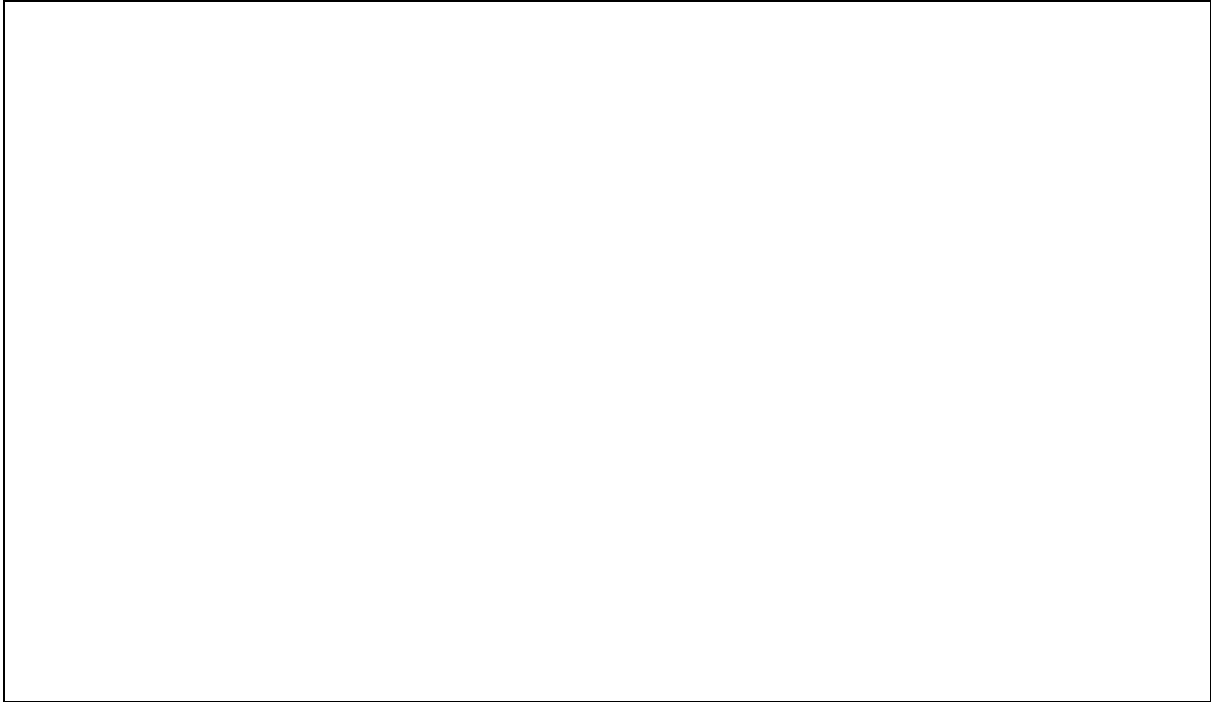


3 – Description of the nature of the participation of emerging artists in the project (if applicable). (6 points)



PART C - PROJECT INFORMATION (CONTD.)

4 – Description and profile of applicant organization. If this is the first application submitted under this program, please attach a list of the current board members and a copy of the constitution or letters of incorporation. In addition, please describe the arts activities undertaken during the last 12 months. (4 points)



5 – Profile and role of partners (4 points)



PART D - BALANCED PROVISIONAL BUDGET OF PROJECT

EXPENDITURES	\$
<i>Coordination costs</i>	
<i>Stationery</i>	
<i>Mailing, courier, etc.</i>	
<i>Travel</i>	
<i>Telephone, fax, and other related costs</i>	
<i>Artist fees</i>	
<i>Costs related to artists (including travel, accommodation, and per diem)</i>	
<i>Rental of equipment</i>	
<i>Costumes</i>	
<i>Sets</i>	
<i>Venue rental</i>	
<i>Other production expenses (specify):</i>	
<i>Advertising (newspapers, radio, other)</i>	
<i>Brochures, posters & program</i>	
<i>Other promotional costs (specify):</i>	
Total Expenditures (must equal total revenues)	

REVENUES	\$
<i>Provincial government (specify:)</i>	
<i>Federal government (specify:)</i>	
<i>Municipal government</i>	
<i>Other funders (specify:)</i>	
<i>Financial contribution of applicant organization</i>	
<i>Partners' contribution</i>	
<i>Private sector contribution</i>	
<i>Ticket sales</i>	
<i>In-kind donations:</i>	
<i>Rental of premises or venue</i>	
<i>Donation of material</i>	
<i>Volunteer time</i>	
<i>Other (specify):</i>	
Total Revenues: (Must be equal to total expenditures)	
Grant Requested (maximum of \$5,000):	

Note: The grant requested must not exceed 75% of the total eligible budget, to a maximum of \$5,000.

PART F - 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 disqualified if it is incomplete.

I recognize that applications are approved subject to availability of funds and that, 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 agree to acknowledge the financial participation of the Province of New Brunswick in all publicity related to the activities of the proposed project.

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

I certify that this organization is incorporated 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 and complete.

Name: _____ Position/Title: _____

Signature: _____ Date: _____

PLEASE SEND THIS COMPLETED FORM AND OTHER DOCUMENTATION TO:

Arts Development Branch
Department of Wellness, Culture and Sport
P.O. Box 6000
Fredericton, N.B.
E3B 5H1

Tel.: 506-453-2555
Fax: 506-453-2416
E-mail: Artsnb@gnb.ca
Website: www.gnb.ca/ (keyword: Arts)

APPLICANT CHECK LIST:

- Completed, signed, and dated application.
- Attached documentation (if any).
- List of current board members and copy of the constitution or letters of incorporation (if applicable).