

Application Form
Bi-Annual Application Deadlines: May 15 and November 15

- Complete this application in black type or ink
- Applications and support material must be postmarked by the deadline date
- Late applications and support material will not be accepted and will result in the application being ruled ineligible
- Incomplete and/or unsigned applications will be considered ineligible
- Grant funds are taxable income for the recipient in the year in which they are received

Last name: _____ First name(s) _____

Legal Name (if different from above) _____

Address _____ Apt. _____

City _____ County _____

Province _____ Postal Code _____

Home Phone _____ Bus. Phone _____

E-mail Address _____ Fax _____

I am a Canadian citizen or permanent resident of Canada Yes No

Nova Scotia has been my primary residence for at least the past 12 months Yes No

Artistic Discipline

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| Craft | <input type="checkbox"/> | New Media | <input type="checkbox"/> |
| Dance | <input type="checkbox"/> | Music | <input type="checkbox"/> |
| Literary | <input type="checkbox"/> | Theatre | <input type="checkbox"/> |
| Media | <input type="checkbox"/> | Visual | <input type="checkbox"/> |

Grant Program (check only one program type)

- _____ Creation (up to \$12,000)
 _____ Presentation (up to \$5,000)
 _____ Professional Development (up to \$3,000)

Amount Requested \$ _____ Total Expenses \$ _____

This application is for which deadline (check one) May 15 Nov 15

Signature

Date

This section must be completed

All information must be provided *unbound* on white, letter-size (8½ x 11) paper, printed on one side only, except previously created support material.

1. Description of project. Applications must include a one-to-two sentence summary below. Additionally, attach a detailed description of the project of no more than two pages

2. Schedule of work. Applications must include a brief description of how you plan to achieve your goals below. Additionally, attach a detailed description of the work schedule.

3. Exact dates of project: from _____/_____/_____ to _____/_____/_____
(mm/dd/yyyy) (mm/dd/yyyy)

4. Location(s) of project. Where do you plan to carry out your project? Which city, province or country?

Budget Summary (in Canadian Funds)

Attach a detailed budget of the project if space provided below is insufficient

Expenses:	Amount
Living expenses for _____ month(s) at \$1,500 per month =	\$ _____
Project costs (materials, equipment rental, tuition, etc.)	\$ _____
Travel Costs:	
Transportation: Train _____ Plane _____ Car _____ Bus _____	\$ _____
Meals per Day (\$30/day maximum)	\$ _____
Accommodation	\$ _____
Other Expenses _____	\$ _____
_____	\$ _____
Total Expenses	\$ _____
Revenues:	
Personal Contribution	\$ _____
Canada Council	\$ _____
Corporate Sponsorship or other sources	
_____	\$ _____
_____	\$ _____
Amount Requested from Arts Nova Scotia	\$ _____
Total Revenues	\$ _____

Notes: Please indicate which revenues, if any, are confirmed.
Total Expenses and Total Revenues (including amount requested) must balance.

Support Material

Please indicate below all items you are enclosing in your application package. See application guidelines for complete list of accepted formats and maximum submissions.

	Maximum # Submitted	Maximum Length/File Size	Accepted Formats
Audio	3 samples	15 minutes for all material	.cda, .mp3, .m4a and .m4p
Video	3 samples	15 minutes for all material	dvd format, .mp4, .mov, .mpg
Still Images	10 images	2 MB each	.jpg, .tiff, .tif
Print		15 pages	Single-sided, 8 ½ x 11 paper in portrait format (not landscape). Unbound, no staples.

	Artist/source	Title	Year	Size	Medium
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

Other Support Material (including annotations)

1.	_____
2.	_____
3.	_____

Return of Support Materials

Check one:

- I wish to have my support materials returned to me and have enclosed a self-addressed stamped envelope with sufficient postage to cover the cost of the return of my support material.

- I **do not** wish to have my support materials return to me and understand that these materials will be destroyed after the application process.

Signature

Date