

Arts Development Branch

**BUSINESS AND PROFESSIONAL DEVELOPMENT
PROGRAM FOR PUBLISHERS
- APPLICATION FORM -**

To be considered complete, this application form must be filled out using the format that has been provided.

1- PROJECT SUMMARY

Project description:

Location: _____ Dates: _____

Grant requested: \$ _____ (maximum of \$2,500 / year / applicant)

2- PUBLISHER INFORMATION

Company name: _____

Contact person: _____ Title: _____

Only complete the remainder of this section if these details have changed since your last funding application was submitted to our Department

Address: _____

City or town: _____ Postal Code: _____

Phone _____ Fax: _____

E-mail: _____

Website: _____

3- PROJECT DESCRIPTION (use separate sheets if more space is required)

What is the purpose of this project?

How will participating in this project benefit the company?

Participants

Name each traveller for whom this grant is being requested and their roles within the firm. Use a separate sheet if more space is required:

<u>Name</u>	<u>Corporate Role</u>
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<hr/>	<hr/>

4- BUDGET DETAILS

Please record the following:

- [A] # of travellers requesting funding _____
- [B] # of full days of travel _____
- [C] Total hotel expenses _____
- [D] # of nights billeting _____ (Sum for all travellers)
- [E] Registration/booth fees _____
- [F] Total airfare/train/bus costs _____
- [G] Total distance using own car _____ (Only if > 200 km)
- [H] Taxi/parking/road toll expenses _____
- [I] Third-party packing/shipping costs _____

For Office Use Only

Calculation of eligible expenses

Using the data recorded above, perform the following calculations. Note that each letter in a formula corresponds to a data entry above.

Eligible Living Expenses

Formula

Per Diem (\$25/traveller/day)	_____	(A x B x \$25)
Hotel expenses	_____	(C x 60% up to \$70/night)
Billeting costs	_____	(D x \$15)

Eligible Event, Transportation and Shipping Costs

Registration/booth costs	_____	(E x 60%)
Airfare/train/bus costs	_____	(F x 60%)
Driving charges	_____	(G x \$0.25)
Taxi/parking/road tolls	_____	(H x 60%)
Packing/shipping costs	_____	(I x 60%)

Total eligible expenses

5- SOURCES OF FUNDS

Aside from this grant request, is any other funding being requested or provided to help offset the applicant's expenses for this trip (i.e., by the event host, other government grants, the private sector, etc.)?

_____ (Yes/No)

If **“yes”**, on a separate sheet of paper, identify for each additional source of funds:

- The name of the organization providing the funding
- The \$ amount being requested or provided
- Whether the funding has been confirmed
- The general purpose of the funding and any limitations on how it can be used (i.e., to cover airfare, only for lodging expenses, etc.).

6- EVENT HOST DETAILS (if applicable)

Name of host organization: _____

Contact person: _____ Title: _____

Address: _____

Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Event website: _____

7- APPLICANT CHECKLIST

Before this application will be considered for funding, the following information must be submitted to the Arts Development Branch:

- This application form with any additional sheets that were required, completed and signed;
- For training sessions, a letter of confirmation of enrolment;
- Detailed information on the event, **as provided by its organiser**, where applicable.

8- 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, and that projects or parts of projects started or completed before the 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 to acknowledge the financial contribution of the Province of New Brunswick in all publicity related to the activities of the proposed project, if applicable.

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 _____

ONCE COMPLETE, RETAIN A COPY OF THIS FORM AND ANY ACCOMPANYING DOCUMENTATION FOR YOUR RECORDS. SUBMIT THE ORIGINAL TO:

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

Tel: 506-453-2555
Fax: 506-453-2416
E-Mail: Artsnb@qnb.ca
Website: www.qnb.ca (Keyword: Arts)