

Department of Culture, Tourism and Healthy Living

BUSINESS AND PROFESSIONAL DEVELOPMENT COMPONENT FOR MUSIC INDUSTRY PROFESSIONALS APPLICATION FORM

1. EVENT INFORMATION

Name of event: _____

Date range of event: _____ Total # of travel days: _____

Grant requested: \$ _____ Grant recommended: \$ _____

(max. \$1500)

2. APPLICANT INFORMATION

Artist/Company name: _____

Contact person: _____ Title: _____

Address: _____

Municipality: _____ Postal Code: _____

Telephone (daytime): _____ Fax: _____

E-mail: _____

Website: _____

3. ACTIVITY DESCRIPTION

Describe the proposed workshop, seminar, conference or event and how it will benefit the participant(s), enhance their professional skills and provide networking opportunities that will enhance their career path. Use 1 8 1/2x11 additional sheets if required making sure to reference question 3.

Activity Organizer:

Name of host event: _____

Contact person: _____ Title: _____

Address: _____

Province/State: _____ Country: _____

Postal/Zip Code: _____

Telephone (daytime): _____ Fax: _____

E-mail: _____

Website: _____

Participants:

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

Name	Title
_____	_____
_____	_____
_____	_____

Expenditures: (Please enter all amounts at 100%)

	Applicant	Office Use
Registration fees: (50% of fees)	\$ _____	\$ _____
Per Diem / person / days: (no receipt required)	\$ _____	\$ _____
Accommodation / person / days: (50% of amt to a max. of \$70/night)	\$ _____	\$ _____
Transportation (airfare, train, taxi or bus): (50% of expenses)	\$ _____	\$ _____

OR

39¢ x kilometers: (no receipt required)	\$ _____	\$ _____
Local transportation (taxi, parking, tolls): (50% of expenses)	\$ _____	\$ _____
Shipping of instruments/equipment: (50% of expenses)	\$ _____	\$ _____

Total Admissible Expenses: \$ _____**Revenues:**

Provincial government (other): \$ _____

Federal government: \$ _____

Other (specify): \$ _____

Contribution of applicant: \$ _____

Private sector contribution: \$ _____

Total Revenues: \$ _____**Recommended grant:** \$ _____**Note:** Grant requests through this program cannot exceed **50%** of the total eligible budget, to a maximum of **\$1,500**. (See guidelines for details)

4. APPLICANT CHECKLIST

Before this application will be considered for funding, the following information must be submitted together with the application form:

- Completed and signed application form;
- Letter of confirmation of enrolment from the event organizers;
- Any additional information on the event as provided by the organizer;
- Profile of the Applicant (biography, including a list of achievements in the music sector)

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 disqualified if it is incomplete, and that the activity or parts of the activity is started or completed before application is received as these 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 for the approved activity, and that I will reimburse the funds in the case of a cancelled activity.

I agree that my participation in the activity will be completed by March 31st of the fiscal year in which funding was received, and that a final report will be submitted to the Department after the activity is completed. Final report should include as a minimum: Summary of participation including benefits to the company, copies of all receipts and samples of any other materials acquired at the event, if applicable.

I agree to acknowledge the financial contribution of the Province of New Brunswick in all publicity related to the proposed activity, if applicable.

I understand and agree that all monies not spent, as per the agreement, will be returned to the Province of New Brunswick.

I certify that the Applicant 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 in this application is accurate.

I 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
Department of Culture, Tourism and Healthy Living
250 King Street
Fredericton, NB E3B 9M9**

**Tel: 506-453-2555
Fax: 506-453-2416
Email: artsnb@gnb.ca
Web site: www.gnb.ca (Keyword: Arts)**