



# INDIVIDUAL ARTIST GRANT PROGRAM

## CONTACT and STATISTICAL INFORMATION FORM

Canada's Privacy Act protects the information provided on this page.

### Contact Information

Last Name: \_\_\_\_\_ First & Middle Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ Winnipeg, MB

Mailing Address: \_\_\_\_\_ Winnipeg, MB

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

- Cell
- Work
- Home

E-mail: \_\_\_\_\_

Please subscribe me to the Winnipeg Arts Billboard weekly e-mail which includes deadline reminders, calls to artists, and local events listings

### Statistical Information

For this program, the Winnipeg Arts Council requests that you indicate your year of birth, gender, cultural origin and language of communication below. The Winnipeg Arts Council utilizes statistics in these areas for program planning, evaluation, and policy development. **This information will not be used to assess your application and will not be shared with the assessors. It will be used for administrative and statistical purposes only.** *Your response to the questions in this section is voluntary.*

Gender: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Are you of Aboriginal descent?  YES, please specify: \_\_\_\_\_  NO

Do you identify as a member of a cultural minority?  YES, please specify: \_\_\_\_\_  NO

### Language Information

What is your primary language? What other languages do you speak, read and/or understand?

English:  Primary  Speak  Read  Understand

French:  Primary  Speak  Read  Understand

Other (please specify) \_\_\_\_\_:  Primary  Speak  Read  Understand

### Artist Directory

Would you like to be listed in our publically accessible on-line directory?  YES  NO

If yes, please indicate the following:

Name (as you wish it to be listed): \_\_\_\_\_

Discipline: \_\_\_\_\_

Email and/or website: \_\_\_\_\_

How did you hear about WAC and this grant program?

\_\_\_\_\_

INDIVIDUAL ARTIST GRANT PROGRAM  
REGISTRATION FORM



WINNIPEG  
ARTS COUNCIL

Applicant: \_\_\_\_\_

Grant Type (check one): <input type="checkbox"/> A or <input type="checkbox"/> B	Amount Requested: \$ _____ (round to the nearest hundred)	Total Budget: \$ _____
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Proposed Project Discipline(s)\*and Specialization/Genre: \_\_\_\_\_  
*\* Disciplines: Dance; Literary; Media; Multi-disciplinary (specify); Music; Theatre; Visual; Other (specify).*

Application Deadline: (check one) <input type="checkbox"/> March or <input type="checkbox"/> September	Grant Period: Grant Period may not begin prior to notification date: June 7 for March applications and December 12 for September applications, and must be completed within 18 months. Beginning (d/m/y): _____ Ending (d/m/y): _____
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**Project Summary:** To identify your application **in one sentence:** briefly specify the intent of the project, the title of the work, its form and its subject. For example, **"To write the first draft of 'Main Street,' a feature-length screenplay."**

**Application Checklist**

All materials must be clearly labeled and submitted per the guidelines **in the following order:**

- 1. Contact and Statistical Information Form (using form provided)
- 2. Registration Form (this page)
- 3. Statement of Artistic Activities (maximum 500 words)
- 4. Project Description (maximum 750 words)
- 5. Project Budget (using form provided)
- 6. Curriculum Vitae/Artistic Résumé (maximum 3 pages)
- 7. Support Material Documentation List (using form(s) provided)
- 8. Support Material

To be eligible for consideration, you must sign below to confirm your agreement with the following statements:

- I have carefully read the eligibility criteria for this program described in the guidelines. I meet these criteria.
- I am the principle artist/creator and have creative control of my proposed project.
- I accept the conditions of this program as outlined in the guidelines and agree to abide by the Winnipeg Arts Council's decision.
- I have submitted all overdue Final Reports for previous Winnipeg Arts Council grants. I understand that this application will be considered ineligible if any of my Final Reports are outstanding.
- I am not under collection of outstanding accounts with Canada Revenue Agency.
- I certify that the statements in my application are accurate and complete, to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

INDIVIDUAL ARTIST GRANT PROGRAM  
BUDGET FORM



Applicant: \_\_\_\_\_

Please list all sources of revenue and indicate whether confirmed or pending.

	APPLICATION Budget	Confirmed?	FINAL REPORT Actuals
<b>REVENUES</b>		indicate yes or no	
<i>Please list all sources of revenue and indicate whether confirmed or pending</i>			
Winnipeg Arts Council <b>Individual Artist Grant Request</b> <i>(rounded to the nearest hundred)</i>	\$		\$
<i>Other Grants (specify)</i>			
Manitoba Arts Council	\$		\$
Canada Council for the Arts	\$		\$
	\$		\$
<i>Other (specify)</i>			
	\$		\$
	\$		\$
<b>Total Revenues</b>	<b>\$</b>		<b>\$</b>
<b>EXPENSES</b>			
<i>Living Expenses/Studio Rental (specify)</i>			
\$_____ per month x #_____ of months	\$		\$
Studio Rental: \$_____ x #_____ of months/weeks/hours <i>(specify)</i>	\$		\$
	\$		\$
<i>Professional Fees/Technical Services (specify)</i>			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Project Documentation <i>(specify)</i>	\$		\$
<i>Travel (specify)</i>			
Accommodation: \$_____ per night x #_____ of nights	\$		\$
Transportation (air, train, bus)	\$		\$
	\$		\$
	\$		\$
<i>Materials/Supplies/Production Costs (specify)</i>			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Expenses</b>	<b>\$</b>		<b>\$</b>
<b>**Revenues must equal expenses with a zero balance** Surplus/Deficit</b>	<b>\$</b>		<b>\$</b>

**Applicant:** \_\_\_\_\_

Applicants may submit up to three items of support material. All support materials must be documented on this page and clearly marked with the applicant's name, the work's title, and any special instructions. Materials not listed on this sheet or in excess of the allowable limits will not be presented to the jury.

Please list only one item in each chart and note that only **three items will be accepted** as defined above (i.e. five digital images = one item). Check the box corresponding to the appropriate medium in the first column and then fill in the rest of the information on the line as required. A chart for the submission of digital images is found on the next page.

**ITEM #1:** List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to <b>five</b> digital images is provided on the following page.</i>				

**ITEM #2:** List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to <b>five</b> digital images is provided on the following page.</i>				

**ITEM #3:** List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to <b>five</b> digital images is provided on the following page.</i>				



**Applicant:** \_\_\_\_\_

Only list digital images which have been included as part of the allowable 3 items of support material on the preceding page.

No	Date Produced	Title	Medium	Dimensions	Additional Information
Support Material Item #	1				
	2				
	3				
	4				
	5				
Support Material Item #	6				
	7				
	8				
	9				
	10				
Support Material Item #	11				
	12				
	13				
	14				
	15				