

**PROFESSIONAL DEVELOPMENT GRANT PROGRAM
FOR ARTISTS & ARTS ADMINISTRATORS
REGISTRATION FORM**



LAST NAME: _____ FIRST NAME: _____

AMOUNT REQUESTED: (check one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1000	GRANT PERIOD: <i>(Must begin at least one month following receipt of the application by the Winnipeg Arts Council.)</i> <i>This project will begin on _____ and finish on _____.</i> <i>(dd/mm/yyyy) (dd/mm/yyyy)</i>
--	--

I AM APPLYING AS ARTIST ARTS ADMINISTRATOR
(Please check one box only)

PROJECT SUMMARY: *To identify your application, specify the intent of the project, include the name of the event/workshop, location and city.*

Checklist of application materials submitted in the following order:

- 1. Contact and Statistical Information & Registration Forms
- 2. Curriculum Vitae/Résumé (maximum 3 pages)
- 3. Request for Support (maximum 2 pages)
- 4. Confirmation of Participation
- 5. Letters of Recommendation (2)
- 6. Balanced Budget

To be eligible for consideration, you must sign below to confirm all of the following statements:

- I have read carefully the eligibility criteria for this program, described in the application guidelines, and both I and my project meet these criteria.*
- I accept the conditions of this program as outlined in the application guidelines and agree to abide by the Winnipeg Arts Council's decision.*
- I have already sent any overdue final reports for previous Winnipeg Arts Council grants. I understand that my application will be considered ineligible if any of my final reports are outstanding.*
- I certify that the statements in my application are accurate and complete, to the best of my knowledge.*

SIGNATURE: _____

DATE: _____

**PROFESSIONAL DEVELOPMENT GRANT PROGRAM
CONTACT &
STATISTICAL INFORMATION FORM**



Personal information will be maintained in the Winnipeg Arts Council Grants Administration Database. Canada's Privacy Act protects the personal information provided on this page, when completed.

Contact Information

Last Name: _____ First and Middle Names: _____

Mailing Address: _____

Postal Code: _____ Phone: _____

- Cell
- Work
- Home

E-mail: _____

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. 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

Primary Language: English French Other, please indicate which language: _____

Do you speak, read and/or understand: English: Speak Read Understand

French: Speak Read Understand

How did you hear about WAC and this grant program?

BUDGET FORM



You must complete this sheet. You may attach additional details if required.

List all sources of revenue and indicate whether confirmed or pending

		<i>Application Budget</i>	<i>Confirmed, yes/no?</i>	<i>Final Report Actuals</i>
REVENUES				
WAC Professional Development Grant Request (not to exceed 50% of expenses)		\$		\$
<i>Other Grants</i>				
Manitoba Arts Council		\$	<input type="checkbox"/> Yes	\$
Canada Council for the Arts		\$	<input type="checkbox"/> Yes	\$
		\$	<input type="checkbox"/> Yes	\$
<i>Contributions</i>				
Applicant		\$	<input type="checkbox"/> Yes	\$
Applicant's Employer		\$	<input type="checkbox"/> Yes	\$
In-kind (specify)		\$	<input type="checkbox"/> Yes	\$
<i>Other (specify)</i>				
		\$	<input type="checkbox"/> Yes	\$
		\$	<input type="checkbox"/> Yes	\$
		\$	<input type="checkbox"/> Yes	\$
Total Revenues		\$		\$
EXPENSES				
<i>Fees</i>				
Workshop/Master class		\$		\$
Conference		\$		\$
Other		\$		\$
		\$		\$
<i>Transportation</i>				
<i>From / To (specify)</i>				
Airfare	/	\$		\$
Private vehicle	/	\$		\$
_____ km x \$0.38				
Bus	/	\$		\$
Train	/	\$		\$
<i>Accommodations, Per Diem</i>				
Accommodations	# _____ of days x \$ _____	\$		\$
Per Diem (meals, local transportation)	# _____ of days x \$40	\$		\$
<i>Other (specify)</i>				
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Total Expenses		\$		\$

Note: ****Revenues must equal expenses with a zero balance****