



Application form for Avataq Artists' Assistance Program

Type A **Community Project**

Please print clearly with a blue or black pen

Name		Social Insurance Number	
Address			
Telephone (home):	Telephone (work):	
E-mail:	Fax number	<u> </u>	
Title of the Project:			
Requested from Avataq Artists' A	ssistance:	\$	
Type of Community Project	Example:	X Literature: public reading	
Visual Arts:	Theatre:		
Modio Autor	□ ,		
Media Arts:	Music:		
Arts/Crafts:	Music:		
Arts/Crafts:	Dance:		
Arts/Crafts: Language:	Dance:		

Description of the Community Project

Each of the following fields MUST be filled. Your answers must be clear and specific Attach extra pages if necessary

1) <u>Describe</u> what consists of your community project:
2) <u>Where</u> would the community project be realized?
3) When will your community project take place? (Start date - end date)

4) Are you realizing it alone? If not, who are the people involved in your commun	nity project?
5) Have you done a similar project in the past? If so, explain.	
6) Does this project contribute toward the promotio	n of Nunavik culture? Explain how.
Signature of the Applicant	
Name	Date Submitted
	/ / (year-month-day)

Budget

Wherever applicable, list the expenses you will have as part of your community project:

Material (example: art supplies, paper, paint, brushes, fabric, video tapes, tools, stone, etc.)	\$
	!
Equipment Rental (example: musical instruments, video camera, microphones, etc.)	\$
Space Rental (example: performance venue, rehearsal space, recording studio, etc.)	\$
	<u> </u>
Travel (example: airfare, taxi, car rental, etc.)	\$
Promotional Costs (example: posters, flyers, advertisements, etc.)	\$
Other Artists Fees (if applicable)	\$
Administration Cost (max 10% of total expenses)	\$
Total Expenses (This total should reflect the total amount of expenses listed above)	\$

Expected revenue

List below all the funding sources for your project (where applicable)

Amount requested from Avataq Artists' Assistance \$			
		T - , ,	-
Kativik Regional Government	Requested	Confirmed	_
Tadivik Regional Government	\$	\$	\$
	D d.	Confirmed	
Makivik Corporation	Requested	Confirmed	-
1	\$	\$	\$
	Requested	Confirmed	<u></u>
Canada Council for the Arts	Requesteu	Commined	-
	\$	\$	\$
	Requested	Confirmed	
Conseil des arts et des lettres			-
du Québec	\$	\$	\$
	Requested	Confirmed	
Other Sources (specify)			_ _ _
	\$	\$	\$
Total			\$
(Revenue expected from every fundir	ng source)		•

Supporting Documents and Attachments

Check the documents and how many of each you are including with your application

Example: X Pictures: 5 pictures		
Reference Letters:	Videocassettes:	
Pictures:	Audio Cassettes:	
CD:	Publications:	
DVD:	Manuscripts:	
Musical Scores:	Press Kit:	
Book:	Other:	
N.B.: Avataq Cultural Institute <u>is not responsible for loss or damage</u> incurred through shipping, with the exception of the documents that make up the file. Items included with the application will be returned only if accompanied by a self-addressed, stamped envelope.		
 I hereby certify in good faith that the information given is accurate and that I have included all essential data. I agree to follow the rules stipulated in the program criteria. I agree to submit a detailed report on the completion of the subsidized event. 		
Signature of the Applicant Name of the Applicant (Print in Bold Letters)		
	(Finit in Bold Eciters)	
Date Submitted / / (year	r-month-day)	
Send your application to: Aumaaggiivik / Nunavik Arts Secretariat Avataq Cultural Institute 4150 Ste-Catherine West, suite 360 Westmount, Quebec H37 2Y5		