



MUNICIPALITY OF THE DISTRICT OF CHESTER
Artist in Residence Grant
Application Form

Name of Organization Applying		
Contact Person		
Position with Organization		
Mailing Address		
Incorporation Number with Registry of Joint Stocks (if applicable)		
Phone:		Fax:
Email:		Date:

Signature of Signing Officer(s) and their position with Organization:

Name (printed)	Signature	Position
_____	_____	_____
_____	_____	_____

ORGANIZATION AND PROJECT INFORMATION:

1. Purpose or objective(s) of Organization (i.e. mission statement):

2. Please provide an outline of the project and its benefits to residents (attach separately if insufficient space).

3. How much money are you requesting? \$ _____

4. Budget

- Please attach a project budget showing all expenses.

5. How do you plan to spend any Artist in Resident Grant funding received?

6. Is there additional information that may support your grant application? (You may attach additional information).

7. Did your organization receive funds last year from the Municipality of the District of Chester?

Yes ____ No ____

If yes, which grant: _____

Did you submit a final report? Yes _____ No _____

If no, please submit the final report as soon as possible as it may affect future funding.

If you require assistance, the Community Development and Recreation Director will gladly help you.

Director of Community Development and Recreation
"Artist in Residence Grant"
Municipality of the District of Chester
PO Box 369
Chester NS B0J 1J0

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Phone: 902-275-3490