



**PERFORMING AMERICAS PROGRAM
CREATIVE EXCHANGE APPLICATION**



**DEADLINE: For all applications, the deadline is
April 30, 2012 – No application will be accepted after these deadlines.
PROJECT PERIOD: August 1, 2012 to June 30, 2013**

APPLICATION INSTRUCTIONS

- 1) Complete phone or email consultation with NPN staff.
- 2) Fill out application and save as PDF File.
- 3) Attachments Required (please send these attachments as separate files with application):
 - Signed letter of intent from artist as separate PDF or Word document
 - Two scanned examples of your most recent press materials OR
 - One PDF version of your most recent organizational brochure. If not available in PDF format, mail one hard copy of your most recent organizational brochure to Elizabeth Doud, Performing Americas Coordinator, P.O. Box 545865, Miami, FL 33154. **Please DO NOT email websites.**
- 4) Email completed application and required attachments as one email to: edoud@npnweb.org (NPN will e-mail confirmation of application receipt).

If you have any questions on how to fill out the application, please contact Elizabeth Doud at edoud@npnweb.org or call 305-519-6877 for assistance. Skype: elizabethdoud

1. HOST APPLICANT: Please check appropriate box below and fill in contact

Contact Name:			
Organization/Company:			
Street:		Phone:	
City:		Email	
State, Zip, Country:		Website	

2. Please fill in below: Artist(s) invited for residency (note: a maximum of two people are eligible to participate in this program).

Name of Primary Artist:			
Company:			
Address:		Phone:	
City:		Email	
State, Zip, Country:		Website	

2 nd person Traveling (Check One)	Artist <input type="checkbox"/>	Bilingual Assistant <input type="checkbox"/>
Name of Artist:		
Company:		
Address:		Phone:
City:		Email
State, Zip, Country:		Website
<input type="checkbox"/> Check if a Bilingual Assistant will be provided by Host Site		

La Red de Productores Culturales de latino America y el Caribe (La Red)
 Rua Maranhão 227/ 82
 São Paulo, Brazil 01240-001
 Phone: (55-11) 3477-4200
 Email: celsocuri@uol.com.br
 Web: www.redlatinoamericana.com

National Performance Network
 866 Camp Street
 P.O. Box 56698
 New Orleans, LA 70156-6698
 Phone: (504) 595-8008 fax: (504) 595-8006
 Email: edoud@npnweb.org
 Web: www.npnweb.org

2. RESIDENCY DETAILS

Project Discipline:	(choose all that apply)					
<input type="checkbox"/> Multi-Discipline	<input type="checkbox"/> Music	<input type="checkbox"/> Theater	<input type="checkbox"/> Performance Art	<input type="checkbox"/> Dance	<input type="checkbox"/> Puppetry	<input type="checkbox"/> Spoken Word
Number of Residency Weeks: (Check One)	<input type="checkbox"/> Three		<input type="checkbox"/> Four		<input type="checkbox"/> Five	
Residency Dates: (MM/DD/YY)	From:		To:			

3. RESIDENCY BUDGET

SUBSIDY REQUEST	
Artist fee: (\$700/week /Artist)	\$
Travel: (up to \$1,500/Artist)	\$
Administrative Fee (\$500 per residency)	\$500.00
TOTAL SUBSIDY REQUESTED	\$
RESIDENCY HOST MATCH (contribution of host)	
Per Diem: (\$40/day/artists)	\$
Housing:	\$
Local Transportation:	\$
Space:	\$
Program Admin:	\$
TOTAL RESIDENCY HOST MATCH	\$
Please describe sources of income for Host Match:	

4. Obtain a signed Letter of intent between the artist(s) and host site describing the residency dates, activities and fees. Letters do not have to be original copies, and may be scanned PDF documents or word documents with electronic signatures. This letter must be sent in with the application materials.

5. PLEASE PROVIDE A BRIEF ORGANIZATIONAL HISTORY

Include mention of residencies your organization has hosted in the past

6. PLEASE PROVIDE BIOGRAPHIES OF KEY ADMINISTRATIVE AND ARTISTIC PERSONNEL ASSOCIATED WITH THIS PROJECT

This may include local artists and community partners if appropriate

7. DESCRIPTION OF RESIDENCY

Describe the purpose/goals of the residency. Refer to Page 2 of the Creative Exchange Guidelines for review criteria.

8. LIST THE RESIDENCY ACTIVITES AND TIMELINE –

Where appropriate, also list individuals who will be participating in the activity

9. USE THIS SPACE TO PROVIDE ANY OTHER DETAILS YOU FEEL ARE PERTINENT TO THIS PROPOSAL (OPTIONAL) –