



## Peer Assessment Committee Recommendation Form

*Please save this PDF to your computer before completing it electronically.* ArtsNL encourages community members to recommend individuals to serve on peer assessment committees that review and evaluate applications for funding. Recommendations are accepted on an ongoing basis. Please complete a separate form for each person and attach a resume or biography.

NAME OF PERSON YOU ARE RECOMMENDING: \_\_\_\_\_

POSITION AND ORGANIZATION (if applicable): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W) E-MAIL: \_\_\_\_\_

### ARTISTIC DISCIPLINE:

- |   |   |                                      |                                  |  |
|---|---|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Arts Education | <input type="checkbox"/> Community Arts | <input type="checkbox"/> Dance       | <input type="checkbox"/> Film    | <input type="checkbox"/> Multidiscipline |
| <input type="checkbox"/> Music          | <input type="checkbox"/> Theatre        | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Writing | <input type="checkbox"/> Other           |

Specific **areas of expertise** within the discipline:

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ArtsNL PROGRAM(S) for which this person is qualified to assess applications:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Professional Project Grants Program                          | <input type="checkbox"/> Community Arts Program                                 | <input type="checkbox"/> Professional Artists' Travel Fund |
| <input type="checkbox"/> Annual Operating Program for Professional Arts Organizations | <input type="checkbox"/> School Touring Program                                 |  |
| <input type="checkbox"/> ArtsSmarts   | <input type="checkbox"/> Sustaining Program for Professional Arts Organizations |  |

Why are you recommending this person to serve on an ArtsNL peer assessment committee?

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RECOMMENDED BY (Your name and organization, if applicable): \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-MAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

### RETURN FORM TO:

Peer Assessment Committee Recommendation, ArtsNL

**Drop off:** The Newman Building, 1 Springdale Street

**Mail:** P.O. Box 98, St. John's, NL, A1C 5H5

**Fax:** (709) 726-0619

**Telephone:** (709) 726-2212 Toll Free: 1 (866) 726-2212 NL only