

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 from for each person and attach a resume or biography.

NAME OF PERSON	I YOU ARE RECOMME	NDING:			
POSITION AND OF	RGANIZATION (if applic	cable):		· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRES	SS:				_
PHONE:	(H)	(W) E-MAIL:			
ARTISTIC DISCIP	PLINE:				
	☐ Community Arts			-	
☐ Music	☐ Theatre	☐ Visual Arts	☐ Writing	☐ Other	
Specific areas of exp	pertise within the discipli	ne:			
□ Professional Proje□ Annual Operating	M(S) for which this person ct Grants Program □ Co Program for Professional staining Program for Profe	mmunity Arts Pro Arts Organization	egram \square Profe	essional Artists' Travel Fur	ıd
Why are you recomm	nending this person to ser	ve on an ArtsNL p	oeer assessmen	t committee?	
RECOMMENDED 1	BY (Your name and organ	nization, if applica	ble):		_
CITY:	PHONE:		(H)	(W)	,
E-MAIL:	DATE:				

PLEASE SUBMIT THIS FORM ELECTRONICALLY BY EMAIL ONLY to elcemap@nlac.ca

Questions or other ways to get in touch:

Address: 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]