



Mailing Address:

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Location Address:

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Victoria, BC V8W 1N3
E-mail: bcartscouncil@gov.bc.ca
Website: www.bcartscouncil.ca

LOCAL GOVERNMENT MATCHING

PLEASE READ ALL INSTRUCTIONS AND DIRECTIONS BEFORE COMPLETING FORM. REFER TO GUIDELINES, "REFERENCES AND ATTACHMENTS".

Name of Arts Council _____

Fiscal Year ends _____
Day Month

SECTION I — AWARD REQUEST INFORMATION

Financial Support Received in **MOST RECENT COMPLETE FISCAL YEAR** (must correspond with attached financial statements):

	Amount	Date Received	
MUNICIPAL	\$ _____	_____	
REGIONAL	_____	_____	AWARD REQUEST
TOTAL	\$ _____		\$ _____ (Not to Exceed \$4000)

SECTION II — REFERENCES AND ATTACHMENTS

Name of Municipality _____

Address _____
(Number) (Street) (City) (Postal Code)

Name of Treasurer _____ Telephone No. _____

Title (if someone other than Treasurer) _____

and/or

Name of Regional District _____

Address _____
(Number) (Street) (City) (Postal Code)

Name of Treasurer _____ Telephone No. _____

Title (if someone other than Treasurer) _____

SECTION III — DECLARATION

The financial information contained herein will be verified by our attached financial statement for the year ending _____
DD / MM / YY

Signed _____, Signing Officer for Arts Council

Name (Print) _____

Date _____

THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR BASIC ASSISTANCE.