



Mailing Address:

Box 9819, Stn Prov Govt
Victoria, BC V8W 9W3
Tel: (250) 356-1718
Fax: (250) 387-4099

Location Address:

800 Johnson Street, 1st Floor
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 \$4,000.00) |

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 APPLICATION MUST BE ATTACHED TO THE APPLICATION FOR BASIC ASSISTANCE.