



_____ Day _____ Month _____ Year

CAC ARTS MEMBER GROUPS ASSISTANCE

PLEASE READ ALL INSTRUCTIONS AND DIRECTIONS BEFORE COMPLETING FORM.

SECTION I — ORGANIZATION DATA – Please Print Legibly or Type

ORGANIZATION'S OFFICIAL NAME _____

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

Member of _____ COMMUNITY ARTS COUNCIL

PERSON TO CONTACT ON FISCAL MATTERS:

Name _____

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

Telephone No. _____ E-mail: _____

SECTION II — FINANCIAL INFORMATION

BUDGET SUMMARY FOR THE COMING YEAR: (Note: If you need additional space please attach a detailed budget.)

| REVENUES | | EXPENSES | |
|--|----------|------------------------------------|----------|
| Earned Income | | Major Capital Expenses (Specify) | \$ _____ |
| (Ticket sales, rentals, sales, etc) | \$ _____ | _____ | \$ _____ |
| Tuition, Workshop Fees | \$ _____ | Space Rental | \$ _____ |
| Membership Fees | \$ _____ | Acquisitions, Equipment Purchases | \$ _____ |
| Federal Grants (National Museums, Canada Council, Canada Works, etc.) | \$ _____ | Travel, Transportation Expenses | \$ _____ |
| Donation (Private Corporate) | \$ _____ | Sets, Props, Costumes | \$ _____ |
| Contributed Services | | Advertising, Publicity | \$ _____ |
| Itemize source & type | \$ _____ | Artist or Instructor Fees | \$ _____ |
| _____ | \$ _____ | Personnel | \$ _____ |
| _____ | \$ _____ | Office: Bank, Phone, Paper, etc. | \$ _____ |
| _____ | \$ _____ | Other Operating Expenses (specify) | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| ARTS COUNCIL GRANT REQUESTED | | _____ | \$ _____ |
| *TOTAL ESTIMATED INCOME | \$ _____ | *TOTAL ESTIMATED | \$ _____ |

* TO BALANCE YOUR BUDGET TOTAL ESTIMATED INCOME SHOULD EQUAL TOTAL ESTIMATED EXPENSES

Please note a copy of a financial statement reporting last year's income and expenses may be requested.

SECTION III — GRANT INFORMATION

This form is provided as a service to your organization in managing its annual member group requests. Please do not submit this form with your Basic Assistance application.

PLEASE COMPLETE PAGE 2

SECTION IV — GENERAL INFORMATION

Describe your affiliation with other local or provincial groups or associations, if any.

Briefly describe how you used your arts council award last year (if you received one).

How many people were assisted by the award you received last year?

| Activity | Number of Participants | and / or | Number in Audience |
|-----------------|-------------------------------|-----------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Briefly describe your plans for this year. For what purpose do you need arts council assistance?

How many people will be assisted by this year's grant request?

| Activity | Number of Participants | and / or | Number in Audience |
|-----------------|-------------------------------|-----------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SECTION V — DECLARATION

Signed _____

Name (Print) _____

Date _____

I CERTIFY THAT THE APPLICANT ORGANIZATION IS A CULTURAL ORGANIZATION OFFERING SERVICES TO THE PROVINCE OF BRITISH COLUMBIA, AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND REPRESENTS A REASONABLE ESTIMATE OF FUTURE OPERATIONS OF THIS ORGANIZATION BASED ON INFORMATION AVAILABLE AT THIS TIME.