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PROJECT ASSISTANCE PROGRAMS

FINAL REPORT

PLEASE READ CAREFULLY ALL INSTRUCTIONS AND DIRECTIONS BEFORE COMPLETING FORM. PLEASE PRINT LEGIBLY OR TYPE.

In recognition of any grant, the British Columbia Arts Council requests a copy of any publication, report or other materials produced in connection with the project. The BCAC would also appreciate receiving invitations to the event, conference, festival, etc.

SECTION 1 - APPLICANT AND PROJECT DIRECTOR DATA					
BCAC APPLICATION No.		PROJECT NAME:			
APPLICANT:			Telephone		
Name					
Address					
City		Province Postal Code			
PROJECT DIRECTOR:		Telephone			
Name					
Address					
City		Province Postal Code			
SECTION 2 - FINANCIAL INFORMATION					
	Project Expenses		Project Revenues		
	Proposed	Actual		Proposed	Actual
Salaries			Earned Revenues		
Artists Fees			Private Sector Revenues		
Materials/Supplies			Other Grant Revenues		
Transportation					<u> </u>
Administration			In-kind Contributions		
Other Costs			BCAC Grant		<u> </u>
TOTAL PROJECT EXPENSES			TOTAL PROJECT REVENUES		
Project Surplus/(Deficit) \$					
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SE	CTION 3 - PROJECT INFORMATION				
A.	Brief description of the completed project and changes, if any, from the original application:				
В.	Brief statement explaining the impact of the project on the organization's artistic development, administrative operations and/or				
	audience:				
C.	Number of people served by the project: audience participants Attach copies of critical reviews, letters of support and/or evaluations of the project.				
E.	Attach an itinerary of completed tour (if applicable).				
G.	Attach a list of title(s) and synopsis of commissioned work(s) (if applicable). Attach additional material you feel will assist this final report.				
Н.	Attach a completed copy of the financial statements for the most recently completed fiscal year. Financial statements must be signed off by two officers and must include an income statement, a balance sheet and notes.				
C.					
SECTION 4 - DECLARATION I do solemnly declare that, to the best of my knowledge, all information contained in this report is complete and					
	e in every respect.				
Name and Title (please type)					
Δıı	thorized signature Date				