



N.B. RETURN TO YOUR COMMUNITY ARTS COUNCIL BY:

\_\_\_\_\_ 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.)

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

\* 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 should be included.

**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.