OLIVER COMMUNITY ARTS COUNCIL

P.O. BOX 1711 OLIVER, BC V0H 1T0
OliverCAC@gmail.com
OliverArtsCouncil.org

CONTRACTED SERVICES AGREEMENT, PART 2

TO BE SUBMITTED UPON COMPLETION OF YOUR EVENT

Name of Intermediary: _____

Address: _____

Contact Person: _____

Phone Number: _____ Email:_____

Please complete the following and return to the address above, marked "Attention: Treasurer".

1. Briefly, how was the funding provided by the Oliver Community Arts Council spent in a manner that reflects their constitutional mandate? Please attach a financial statement listing your revenue and expenses for the event.

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2. Please attach copies of any material that demonstrates the event took place (e.g. reviews, news articles, advertising, photographs, programmes).

_____ _____

Group Representative (signature) *Date*

_____

Group Representative (please print)

Amended: 21 June 2013