



## 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 Organization: \_\_\_\_\_

Cheque "Payable to" if different: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Amount applied for in Part 1: \$ \_\_\_\_\_

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 profit and loss (income) statement listing BOTH your revenue AND expenses for the event.

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2. Please attach copies of any material that demonstrates the event took place and acknowledged the Oliver Community Arts Council (e.g. reviews, news articles, advertising, photographs, programmes). Maximum of five pieces.

\_\_\_\_\_  
*Group Representative (signature)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Group Representative (please print)*

*Amended: 18 January 2023*