A logo with a bird and colorful waves

Description automatically generated

INTERNAL USE ONLY

Date approved:

File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box 1711

Oliver BC. V0H 1T0

[OliverCAC@gmail.com](mailto:OliverCAC@gmail.com)

OliverArtsCouncil.org

**ART LEARNED ART LOVED ART LIVED**

**ARTS IN ACTION GRANT APPLICATION FORM – PART 2**

To be submitted upon completion of your event.

|  |  |  |
| --- | --- | --- |
| Name of Organization | |  |
| Cheque “payable to” if different | |  |
| Mailing Address | |  |
|  | |  |
| Contact Person: | |  |
| Phone: |  | Email: |

1. Please complete the following and return to the address above, marked “Attention: Treasurer”.

|  |  |  |  |
| --- | --- | --- | --- |
| Amount applied for in Part 1 | $ | File # (refer to confirmation email) |  |

1. Please attach an actual profit and loss (income) statement listing both your revenue and expenses for the event. *Please ensure copies of receipts are attached.* If you have questions or require assistance with your income statement completion, please feel free to contact our treasurer at Olivercac@gmail.com.
2. Please attach copies of any material that demonstrates the event took place and has ***acknowledged the OCAC***.

Reviews News Articles Advertising

Photos Programs Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Group Representative Name: (please print) |  |
| Group Representative Signature  (typed name implies signature) | Date: |

(**INTERNAL USE ONLY**)

Amount of Funds Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Cheque # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_