

INTERNAL USE ONLY

Date approved:

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

 PO Box 1711

Oliver BC. V0H 1T0

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_