



_____ 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.)

REVENUES		EXPENSES	
		Major Capital Expenses (Specify)	\$ _____
Earned Income (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 (Itemize Source and Type)	\$ _____	Artist or Instructor Fees	\$ _____
_____	\$ _____	Personnel	\$ _____
_____	\$ _____	Office: Bank, Phone, Paper, etc.	\$ _____
_____	\$ _____	Other Operating Expenses (specify)	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
ARTS COUNCIL GRANT REQUESTED			\$ _____
TOTAL ESTIMATED INCOME	\$ _____	TOTAL ESTIMATED EXPENSES	\$ _____

* 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 may be requested.

SECTION III — GRANT INFORMATION

FOR USE OF THE ARTS COUNCIL ADJUDICATION COMMITTEE:

(GRANTS FROM THE BRITISH COLUMBIA ARTS COUNCIL MUST NOT ASSIST CAPITAL EXPENDITURES)

PLEASE COMPLETE REVERSE SIDE