



Box 2221 Sidney BC V8L 3S8
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 Serving Sidney, North Saanich and Central Saanich

ArtSea MEMBER GROUPS GRANT APPLICATION

Our mandate is: To support and enhance community life through Arts and Culture

PLEASE READ ALL INSTRUCTIONS AND DIRECTIONS BEFORE COMPLETING THIS FORM

SECTION I – ORGANIZATION DATA – Please Print Legibly or Type

ORGANIZATIONS OFFICIAL NAME _____

Address: _____
 (Number) (Street) (Town/City) (Postal Code)

MEMBER OF _____ COMMUNITY ARTS COUNCIL

PERSON TO CONTACT ON FINANCIAL MATTERS _____

NAME _____

Address _____
 (Number) (Street) (Town/City) (Postal Code)

TELEPHONE # _____ EMAIL: _____

SECTION II – FINANCIAL INFORMATION

BUDGET SUMMARY FOR THE COMING YEAR Note: (If you need additional space please attach detailed budget.)

REVENUE:

Earned Income (Ticket Sales, Rentals, Sales etc. \$ _____

Tuition, Workshop Fees \$ _____

Membership Fees \$ _____

Federal Grants (National Museums, Canada Council, Canada Workshops etc.) \$ _____

Donation (Private Corporate) \$ _____

Contributed Services (Itemize Source and Type) \$ _____

ARTS COUNCIL GRANT REQUESTED \$ _____

TOTAL ESTIMATED INCOME \$ _____

EXPENSES

Rental Space \$ _____

Acquisitions, Equipment Purchase \$ _____

Sets, Props, Costumes \$ _____

Advertising, Publicity \$ _____

Artist or Instructor Fees \$ _____

Personnel \$ _____

Office, Bank, Phone, Paper etc. \$ _____

Other Operating Expenses (specify) \$ _____

TOTAL ESTIMATED EXPENSE \$ _____

TO BALANCE YOUR BUDGET TOTAL ESTIMATED INCOME SHOULD EQUAL TOTAL ESTIMATED EXPENSES

SECTION III – GRANT INFORMATION

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

\$ _____ (Enter in Current Year's Award Column – Summary of Member Group Requests)

SECTION IV – GENERAL INFORMATION

Describe your affiliation with other provincial groups or associations if any.

Briefly describe how you used your Arts Council award last year (if you received one).

How many people were assisted by the award you received last year?

Activity	Number of Participants	Number in Audience

Briefly describe your plans for this year. For what purposes do you need Arts Council assistance?

How many people will be assisted by this years grant request?

Activity	Number of Participants	Number in Audience

Do you have surplus funds? List amounts in savings accounts, term deposits, bonds etc.

SECTION V - DECLARATION

Date of Application:	
Signed:	
Name and Title	

PLEASE ANSWER ALL QUESTIONS

SECTION VI

Registered Charitable Organization? NO YES If YES BN/Registration # _____

Amount Requested \$ _____ Number of years group/organization has existed _____

Give brief description of organization's purposes:

Give a brief description of intended use for funds and who will benefit from this funding if granted:

	YES	NO
Is your group/organization non-profit?	<input type="checkbox"/>	<input type="checkbox"/>
Is your membership open to all?	<input type="checkbox"/>	<input type="checkbox"/>
Will event /project be accessible to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be an admission charge?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an educational component to the event/project?	<input type="checkbox"/>	<input type="checkbox"/>
Have you requested funding from us before?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe briefly how previous funds were used: _____

Have you applied elsewhere for funding? If yes please list:

Deadline is October 31, 2018
Consideration for funding may be jeopardized by a late application

