



PROJECT ASSISTANCE PROGRAMS FINAL REPORT

PLEASE READ CAREFULLY ALL INSTRUCTIONS AND DIRECTIONS BEFORE COMPLETING FORM. PLEASE PRINT LEGIBLY OR TYPE.

In recognition of any grant, the Slocan Valley Community Arts Council requests a copy of photos, any publications, reports or other materials produced in connection with the project. The SVCAC would also appreciate receiving invitations to your event.

SECTION 1 - APPLICANT

RECIPIENT:

Telephone _____

Name _____

Address _____

City _____ Province _____

Postal Code _____

SECTION 2 - FINANCIAL INFORMATION

	Project Expenses		Project Revenues	
	Proposed	Actual	Proposed	Actual
Salaries	_____	_____	Earned Revenues	_____
Artists Fees	_____	_____	Private Sector Revenues	_____
Materials/Supplies	_____	_____	Other Grant Revenues _____	_____
Transportation	_____	_____	_____	_____
Administration	_____	_____	_____	_____
Other Costs	_____	_____	In-kind Contributions	_____
TOTAL PROJECT EXPENSES	_____	_____	BCAC Grant	_____
			TOTAL PROJECT REVENUES	_____

Project Surplus/(Deficit) \$ _____

(OVER)

SECTION 3 - PROJECT INFORMATION

A. Brief description of the completed project and changes, if any, from the original application:

B. Brief statement explaining the impact of the project on your artistic development, administrative operations and/or audience:

- A.** Number of people served by the project: audience _____ participants _____
- B.** Attach copies of critical reviews, letters of support and/or evaluations of the project.
- C.** Attach photos of your event or project or send electronically to svcart@gmail.com
- D.** Attach latest financial statement for your project.

SECTION 4 - DECLARATION

I do solemnly declare that, to the best of my knowledge, all information contained in this report is complete and true in every respect.

Name and Title (please type) _____

Authorized signature _____ **Date** _____