



# GRANT APPLICATION

This Application is for:

Community Project Funding  Member Group Project Funding  Capital Expenses

Have you received Operational or Project Funding during this fiscal year? (Sept – July) Yes  No

ORGANIZATION’S OFFICIAL NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ PO Box Town/City Postal Code

EMAIL \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

PERSON TO CONTACT REGARDING PROJECT DETAILS:

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

PERSON TO CONTACT ON FISCAL MATTERS: *if different from above*

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Please make cheque payable to: \_\_\_\_\_

**Briefly describe your project or expense in 50 words or less.** Attach letter detailing this project.  
*If you are not a member of the Arts Council, attach a cover letter telling us about your organization, its mandate and how this project adheres to TDAC mandate.*

Checklist:

- Cover Letter (Non-Members only)  Completed Application Form
- Letter Describing Project  Proposed Budget Summary  Outstanding Action Reports

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing Address: Terrace & District Arts Council 3232 Emerson Street PO Box 904 Terrace BC V8G 2S0**

**PROPOSED BUDGET SUMMARY**

(this portion must be filled out or a separate page attached with similar and complete budget information)

**REVENUE:**

Registration Fees

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Donation (Private, Corporate)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Contributed Serves (Specify Itemize Source and Type)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Specify Other

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

ARTS COUNCIL GRANT REQUESTED \$ \_\_\_\_\_

\* TOTAL ESTIMATED INCOME ..... \$ \_\_\_\_\_

**EXPENSES:**

Space Rental ..... \$ \_\_\_\_\_

Acquisitions, Equipment Purchases

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sets, Props, Costumes

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Advertising, Publicity

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Travel (Specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Profession Fees (Clinicians, Facilitators, Etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Specify Other

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\* TOTAL ESTIMATED EXPENSES ..... \$ \_\_\_\_\_

\* BUDGETS MUST BE BALANCED - TOTAL ESTIMATED INCOME SHOULD EQUAL TOTAL ESTIMATED EXPENSES

**T.D.A.C Executive Use Only**  
 ARTS COUNCIL ADJUDICATION COMMITTEE has approved \$ \_\_\_\_\_

Maximum Granting Amounts:  
 Member Group Projects - \$1,000 each, twice a year, \$2,000 each fiscal year per group  
 Community Group Projects - \$500 each, twice a year, \$1,000 each fiscal year per group  
 Capital Expense: Members - \$1,000 per fiscal year    Community - \$500 per fiscal year