**Nicola Valley Community Arts Council**

**Program Application Form**

Thank you for interest in working with the Arts Council.

Please email completed applications to the NVCAC:

[nicolavalleyartscouncil@gmail.com](mailto:nicolavalleyartscouncil@gmail.com) using the subject line

“20yy mm dd PAF-title of your project”

Date submitted: **20yy mm dd**

Date(s) of Project:  **20yy mm dd**

**Program Title -**

Contact**: [Name]** Phone: **[ ]**  Email: **[ ]**

Goal(s) of this Program:

Brief description of activities to be undertaken:

This program will be considered successful if:

Planning Timeline, noting important dates and deadlines:

Who is on this Team and what are their roles? (individuals, groups, businesses, other)

* Committee Chair/Team Leader: \_\_\_\_\_\_\_\_\_\_
* Financial management: \_\_\_\_\_\_
* Interim and Final Reports: \_\_\_\_\_\_
* Other:

Will any professionals be hired/contracted?    **Yes / No**(if Yes, please supply details)

What specific assistance is needed from the NVCAC? (letters of support, Board participation, funding, event liquor license, or in-kind services such as use of our facility, social media and insurance, etc.)

**Board consultation completed:** Please have your PAF reviewed by our Program Director, Treasurer, and the Director in charge of your project, before submitting it to the Board of Directors for approval

* Program Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_
* Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Director in charge: \_\_\_\_\_\_\_\_\_ (i.e. the Director who reports this Program’s progress to the Board)

**Next - complete the Budget page and attach to this submission.**