



**ARTS PRESENTATION CANADA – PROGRAMMING SUPPORT COMPONENT**

FOR CANADIAN HERITAGE USE ONLY
File number
Deadline

**Program and Applicant Identification**  
**Presenter networks and *service organizations***

1. Name of organization:			
2. Title of proposed activity:			
3. Type of organization <input type="checkbox"/> Presenter network <input type="checkbox"/> Service organization		4. Amount requested	
5. Director of organization <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Title	Telephone
6. Number of employees			
Paid		Unpaid (volunteers)	
Full-time	Part-time	Full-time	Part-time
7. Recent activities of the organization			
<input type="checkbox"/> Networking activities	<input type="checkbox"/> Professional development activities	<input type="checkbox"/> Other _____	
8. Brief description of the proposed activity. (Write a brief description of your activities <b>in this box</b> , not on an attached sheet. The description may be posted on the Canadian Heritage Web site if your activities receive funding.)			
9. Time frame			
Start and end date of the proposed activity: (YY/MM/DD)		Your fiscal year in which the programming will be included: (YY/MM/DD)	
From _____ to _____		From _____ to _____	
10. Board Chair or President of organization <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Signature of Board chair or President (or authorized person)	