

**WEST PRINCE ARTS COUNCIL
GRANT PROGRAM REPORT FORM**

Name: _____

Address: _____

Project Title: _____

Project Goals: _____

Revenue:

West Prince Arts Council _____

Total _____

Please clearly indicate where the WPAC
Financial assistance was spent.

Expenses:

Total _____

*Please enclose a copy of the advertisement,
poster, publicity and or newspaper account of
activity.

West Prince Arts Council
37580 Western Road, Rte 2
Woodstock, PEI
COB 1V0

For more information, please call:

June Ellis
902-439-8774

Activity Report:

Date: _____

Time: _____

Place: _____

Number of Participants _____

How did the WPAC receive credit for
their contribution to the project?

Did you meet your goals and how?

Please make cheque payable to:

Other comments:
