

Operating Grant Financial Statement Board Approval

Alberta Foundation for the Arts

We, the three undersigned board members on behalf of the Board of

Organization's Registered Name (must match provincial registration name)

have reviewed and approved the enclosed year-end financial statement of the aforementioned organization.

President or Chair's Name ___ Mr. ___ Ms. ___ Mx. ___ Ind. _____

Daytime Telephone (required) _____ Evening / Cell phone (required) _____

Email (required) _____

Date (yyyy-mm-dd)

President's/Chair/Signature

Treasurer Name ___ Mr. ___ Ms. ___ Mx. ___ Ind. _____

Daytime Telephone (required) _____ Evening / Cell phone (required) _____

Email (required) _____

Date (yyyy-mm-dd)

Treasurer's Signature

Board Member's Name ___ Mr. ___ Ms. ___ Mx. ___ Ind. _____

Daytime Telephone (required) _____ Evening / Cell phone (required) _____

Email (required) _____

Date (yyyy-mm-dd)

Board Member's Signature