



Presenter Support Organizations Canada Arts Presentation Fund

New Applicants Only: Schedule of Completed Activities/Services and Actual Results (last completed year)

IMPORTANT

- Please list activities and services in chronological order. If additional space is required, use an additional form.
- Once completed, this form **must not** be transmitted electronically to the department.

Name of Organization (required):

Completed Activities/Services and Actual Results for Year (required):

File Number (Office use):

Date (YYYY-MM-DD)	Name of Activity/Service	Type of Activities and Services (See Legend Below)	Duration of Activity (Number of Days)	Total Number of Presenter Organizations	Total Number of Participants
Total					

Type of Activity / Service Legend

- CE:** Contact Event
- PC:** Presenter Conference
- W:** Workshop
- BB:** Block-booking
- BM:** Block-marketing
- TD:** Tool Development
- N:** Networking
- O:** Other