

THEATRE COMMUNITY BENEVOLENT FUND

Application for Support - Organization

COVER SUMMARY

1. Legal Name of Organization _____
Address _____

Phone: _____ Fax _____
Email: _____
Name of Managing or Artistic Director: _____
Name of Contact person and Title (if different):

2. Total number of board members: _____ Total number of volunteers: _____
Total number of staff: Full-time _____ Part-time _____

3. Total annual organizational budget: \$ _____
Fiscal Year End ___ / ___ / ___

4. IRS 501(c)(3) nonprofit? _____ **YES** _____ **NO**
If no, identify your fiscal agent and attach the written agreement from the fiscal agent.

Fiscal Agent: _____

5. State your organization's mission (or include with attachments).

6. Please write a brief description of situation.

7. Estimated amount of damages: \$ _____

8. **AMOUNT REQUESTED:** \$ _____

PROPOSAL NARRATIVE

Up to 3 pages is suggested. Please include:

1. Brief summary of organizations' history, goals, and key achievements
2. Description of organization's programming and constituents
3. Description of catastrophic event and its impact on the organization, including damages monetary and otherwise
4. Other resources available to address damages
5. Description of how TCBF funding will be used

ATTACHMENTS: Please include the following attachments with the proposal

1. IRS letter confirming tax-exempt status - 501(c)(3).
2. Current board list with affiliations
3. Supporting documentation including but not limited to: police, fire and/or damage reports, insurance claims (noting deductible, if relevant), medical reports, etc.
4. Financial information:
 - Total board approved organizational budget for the current fiscal year with year-to-date income and expenses.
 - Most recent independent audit or account review (as required by law)*
 - List companies and foundations being approached to fund this proposal (if applicable), with dollar amounts indicating which sources are committed, pending, or anticipated

*Footnote: according to the Massachusetts Attorney General's Division of Public Charities, nonprofits with revenues of equal to or more than \$250,000 must conduct an annual independent audit. Those with revenues between \$100,000 and \$249,999 may conduct an account review in lieu of an independent audit. Any nonprofit with revenues of \$99,999 or less is not required to conduct an independent audit or an account review. For more information, call the Massachusetts Attorney General's Office at 617.727.2200.

PROPOSAL BUDGET/BUDGET NARRATIVE

2 PAGES MAXIMUM

1. Expenses incurred from occurrence
 - a. Loss of property
 - b. Loss of revenue
 - c. Other
2. Revenue to handle occurrence – list sources
 - a. TCBF
 - b. Government
 - c. Foundations/Corporations
 - d. Individuals

Please include written explanations of any budget items when necessary.

Please send all materials to:

**StageSource, 88 Tremont Street, Suite 714, Boston, MA 02108 Attn: TCBF
Fax 617.720.4275**