



Intent to Apply Form

1. CONTACT INFO

Name of Applicant or Organization _____

Contact Name (if different from above) _____

Title (If Organization contact) _____

Address _____

City/ST/Zip _____

Telephone _____ Fax _____

Email Address _____

Web Site _____

2. DESCRIPTION of OCCURRENCE

One sentence description of occurrence _____

3. FINANCIAL INFORMATION:

Amount of Request from TCBF _____

Have you received funding from TCBF before? If so, please write down the amount and the date you received it. Amount _____ Date _____

Total Organizational Budget for current Fiscal Year (if applicable) _____

Brief explanation of how requested funds would be used? _____

Please email the Intent to Apply form to: info@stagesource.org

Or mail to: TCBF c/o StageSource, 88 Tremont Street, Suite 714, Boston, MA 02108