



Application for Support – Theatre Company COVID-19

COVER SUMMARY

1. Name _____
2. Address _____
3. Phone _____ Email _____
4. Date of occurrence _____
5. Brief description of loss attributed to COVID 19 restrictions. If paying individual artists and/or staff, please specify each individual, their position, payment, and contact information. Would you accept TCBF issuing grants to these individuals directly?

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

FINANCIAL INFORMATION

1. Expenses incurred from occurrence or circumstances related to request for funding*
*Please include supporting documentation for all expenses listed above. These can include but are not limited to: police, fire and/or damage reports; insurance claims (noting deductible, if relevant); medical reports; proof of income (contracts, pay stubs); estimates for required services; etc.
 - a. Loss of income _____ (ie, cancellation of productions, decreased tickets sales, etc)
 - b. Medical and/or professional services _____
 - c. Other _____

PLEASE CONTINUE on PAGE 2 of APPLICATION



2. Existing revenue to handle occurrence – list sources

- a. Business insurance _____
- b. Donations, funds raised from other sources _____
- c. Other _____
- d. TCBF _____

ATTACHMENTS

- 1. **NARRATIVE** (up to 2 pages, use additional sheet if necessary)
Please write a detailed description of the loss/damage sustained including any subsequent repercussions on livelihood, living space, ability to work, etc. Please let us know how you would apply resources already available, if any, toward handling the loss/damage and to what use you would put TCBF funding.
- 2. If your losses are based on the postponement of a production and IF subsequent ticket sales achieve your previous projection, would you consider donating back the sum forwarded by TCBF to your artists and staff?

Please send all materials to:

Email – TCBFBoston@gmail.com

Mail – TCBF, PO BOX 327, 411A Highland Ave, Somerville MA 02144

Signature _____ Date _____