

**EMACT Member Assistance Grant**

Application

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| Member Theater Group: Date: |
| Mailing Address: |
| City: State: Zip:  |
| Is the group a 501(c)(3) corporation? Yes No |
| Has the group been a member of EMACT for the past 3 years? Yes No |
|  |
| Project Contact Name and Title:  |
| Contact email: Contact phone: |
|  |
| Project Title: |
| Project cost (attach estimate): Expected Completion Date: |
|  |
| Project Description: |
|  |
| How does the project support the mission of the Grant program? |
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| Nature of financial need (attach balance sheet and income statement): |
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| --- | --- |
| Checklist: Balance Sheet Income Statement Project Estimate Application Form | Return completed application to:EMACT Member Assistance Grantc/o David Bojarczuk3 Littles Brook Ct. #46Burlington, MA 01803 |

ALL INFORMATION SUBMITTED WITH THIS APPLICATION WILL BE USED ONLY FOR THE PURPOSE OF AWARDING AND ADMINISTERING THE GRANT PROGRAM AND WILL BE HELD IN STRICTEST CONFIDENCE.

**For EMACT Use Only**

Date Received Date Reviewed

Approved Denied First Payment Date

Final Report Received Final Payment Date