



Great Performance Fund for Theater Grant Application - Due March 15

Please submit a three-page document containing the following information:

Page One: Cover Page

1. Organization Name
2. Grant Contact Name, Title & Email
3. Executive Director Name & Email
4. Organization Address & Phone
5. Organization EIN#
6. Organization Mission - 1,000 character limit (includes spaces)
7. Project Name
8. Project Start & End Date
9. Project Budget total
10. Total funds raised to date
11. Amount requested from MCF
12. Eligible applicants must be a not-for-profit, tax-exempt 501(c)(3) status professional theatre. Applicant organizations must also meet three of the following four requirements to apply. Please check the boxes that best indicate your eligibility:
 - Have an equity contract
 - Have offered a minimum of three self-produced productions per year for two consecutive years.
 - Pay a contracted fee and/or salary to two or more actors for each production.
 - Pay a contracted fee and/or salary to at least one member of support staff.

Page Two: Project Description

Project Summary: Describe the project. Explain your artistic choices (aesthetic, text, design, casting, directing, etc.). Highlight the motivations behind these choices and how they will contribute to the realization of the project.

Audience Served: Indicate the type(s) of audience you wish to reach and outline your audience development strategy.

Page Three: Budget

Please use the attached budget format.



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Fund for Theater Sample Budget Format

	<u>Total Amount</u>	<u>Fund for Theater</u>	<u>Other Sources</u>
Salary and Benefits:			
Stage Manager			
\$ hr x hrs/wk x # wks or	\$0.00	\$0.00	\$0.00
(total salary/benefits) x (% time spent on project)			
Office Supplies	\$0.00	\$0.00	\$0.00
Photocopies	\$0.00	\$0.00	\$0.00
Postage/Shipping	\$0.00	\$0.00	\$0.00
Equipment Rental			
Costumes			
Materials	\$0.00	\$0.00	\$0.00
Other Project/Program Expenses (list)	\$0.00	\$0.00	\$0.00
Miscellaneous (provide detail)	\$0.00	\$0.00	\$0.00
TOTAL PROJECT EXPENSES	\$0.00	\$0.00	\$0.00

<u>Funding Sources</u>	<u>Secured</u>	<u>Anticipated</u>
MCF Theater Fund		\$0.00
XYZ Corporation	\$0.00	
ABC Foundation	\$0.00	
Major Donors		\$0.00
In-kind Contributions	\$0.00	
Program Revenues		\$0.00
TOTAL PROJECT FUNDING **	\$0.00	\$0.00

** Total Project Funding must equal or exceed Total Project Expenses.

Applications are due via email by 4:30 p.m. on March 15. Email this form as an attachment to grants@madisongives.org. Please list the organization name in the subject line. If additional information is needed, we will notify you by April 1st. Decisions will be made by April 20.