

Theatre Artist Fund of Greater Richmond

Purpose

The Theatre Artist Fund is a charitable fund established by the Richmond Alliance of Professional Theatre (RAPT) with The Community Foundation Serving Richmond & Central Virginia to provide financial assistance to theatre professionals who have suffered an unforeseen financial hardship. The awarding of individual grants will follow IRS guidelines and generally will not result in taxable compensation to the theatre professional. Individual grants may be made by the fund in an amount recommended by the Allocation Committee of the Theatre Artist Fund.

Eligibility

There are two criteria that must be met for funding to be considered:

1. The individual for whom assistance is being sought must have made a significant contribution to live theatre in Greater Richmond.
2. The individual for whom assistance is being sought must have exceptional financial need related to a specific crisis beyond his or her control.

Only one application may be submitted for a qualifying event.

Process

- The application should be completed in its entirety to ensure prompt and effective consideration.
- The application should be sent to: Theatre Artist Fund Allocation Committee c/o Phil Whiteway, Managing Director, Theatre IV – 114 West Broad Street, Richmond, VA 23220
- The Theatre Artist Fund Allocation Committee will evaluate the application and related information.
- If the applicant is recommended for assistance, a check will usually be mailed to the current address provided by the applicant within 7-10 business days after the committee's recommendations are finalized.

Note: An incomplete application will delay the evaluation process and may have to be sent back to the associate to be completed.

Donations

Anyone may contribute to the Theatre Artist Fund by making charitable donations, either by personal check, through payroll deduction, or through gifts of appreciated property. Contributions may be made to the fund's principal or may be earmarked for "current spending".

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Application for Support

Instructions: Please complete this form in its entirety. It is very important that you provide current and correct information so we can ensure the appropriate relief payment is granted quickly. Please keep a copy of the completed form for your records.

The completed form can be sent by mail, fax or email to:

- Mail: Theatre Artist Fund
Attention: Phil Whiteway – Member of Allocations Committee
114 West Broad Street – Richmond, VA 23220
- Fax number: 804-775-2325 (Tip: You should wait to see that the fax completes successfully)
- Email: P.Whitway@TheatreIVRichmond.org

Please complete all of the following information. PLEASE PRINT CLEARLY.

Theatre Professional's Name: _____

Current Mailing Address: _____
(If displaced) _____

Permanent Mailing Address: _____
(if different from above) _____

Current Home Telephone: _____

Cellular Telephone Number: _____

Name of Organization where you work: _____

Date of application: _____

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Please describe the impact of the hardship for which you need financial assistance:

PERSONAL HARDSHIP

PLEASE DESCRIBE: _____

Please provide detailed description of financial responsibilities not being met such as shelter, clothing, or medical expenses not covered (for employee, spouse or child) or damages to primary property. *(Attach documentation or additional sheets if necessary)*

MUST BE COMPLETED

Do you have insurance coverage or any other sources of income to assist with these expenses? Yes No

Total estimated financial amount *not* covered by any other source:

Medical expenses \$ _____
Other expenses \$ _____
Grand Total \$ _____

All the following information is critical in determining the eligibility of your request.

I do hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance because of a significant financial burden, which is not covered by insurance or any other sources.

Print Name _____ Date _____

Applicant's Signature _____