
Professional Development Application/Budget Form

Project name: _____ **Scheduled date:** _____

Project applicant(s): _____

Workshop city: _____

Phone: _____ **email:** _____

Fax number: _____

Mailing address: _____

EXPENSES:

<u>Instruction</u>	<u>Item</u>	<u>Budget</u>
Fees	_____	\$ _____
Travel	_____	\$ _____
Accommodation	_____	\$ _____
Other professional fees (eg. accompanist; coach; etc)	_____	\$ _____
<u>Other</u>		
Workshop space rental	_____	\$ _____
Workshop materials	_____	\$ _____
Administration (specify)	_____	\$ _____
<i>This line item is intended to cover costs such as photocopying, printing, etc. and NOT to cover a fee for administration.</i>		
Publicity/advertising	_____	\$ _____
Other (please specify)	_____	\$ _____
TOTAL EXPENSES:	_____	\$ _____

See over

REVENUE:

Equity member fees _____ X _____ = \$ _____
 (#) of members (\$) per member

Non member fees

 X = \$
 (#) of non members (\$) per non member

Sponsorships _____ = \$ _____

In-kind donations _____ = \$ _____
(itemize & value)

Other: _____ = \$ _____

TOTAL: _____ = \$ _____

SURPLUS (DEFICIT): _____ = \$ _____

The amount requested from Equity for professional development (to a maximum of \$3,000)

\$_____ each for _____ Equity members, to a total funding cap of \$_____

(#)

Send applications to:

Professional Development
c/o Canadian Actors' Equity Association
44 Victoria St, 12th Floor, Toronto, ON M5C 3C4
tel. 416-867-9246 | fax. 416-867-9246 | 1-800-387-1856 | commdir@caea.com