MANITOBA

Association of Community Theatres (ACT) of Manitoba

THEATRE DEVELOPMENT FUND Information & Application

Purpose

The Theatre Development Fund exists to enable ACT member groups to host educational events or workshops for themselves and/or others. Funds are set aside for this purpose and evaluated annually with monies being allocated on a first-come first-served basis.

Who can apply?

Member groups who have belonged to ACT Manitoba for a minimum of two years and have not been awarded funds in the past year. Further questions should be addressed to your group's assigned ACT Regional Representative.

Criteria

Member groups may use funds to engage advisor(s) to facilitate with problems encountered during rehearsals or performances. However, all individual(s) conducting training must be a professional in their field. Available to member groups, ACT maintains a list of professional trainers, instructors and clinicians in, but not limited to, the following areas:

Acting, Adjudication, Costume Design, Directing, Dance, Film Acting, Film Directing, Improv, Lighting, Mime, Make Up, Movement, Musicals, Puppetry, Production Mgmt, Playwriting, Sets, Stage Fighting, Stunts, Technical, Voice, Accents, Workshops, Speech Arts, Stage Management, Business of Acting, Props, Romance/Intimacy, Shakespeare and Clowns. Other individuals not listed may be utilized as instructors if proof of their professional standing can be provided to/by the

Other individuals not listed may be utilized as instructors if proof of their professional standing can be promember group.

There is no obligation to register participants for the training and the collection of fees from participants is optional. Where space permits, the training may be opened to other member groups but it is up to the group conducting the training to decide whether participants outside of their group will be invited.

Funds to cover facility rentals, instructor(s) fee(s), instructor(s) incidental expenses (mileage/accommodation/materials) and other expenses such as training materials may be requested. Refreshments and meals for workshop participants will not be covered. Reimbursement will only be provided for those expenses supported by receipts.

Application Process

Part 1 – Application (Pre-Training):

- In order to qualify for consideration for the Theatre Development Fund, the applicant group must complete the Part 1
 Application and send it to the ACT Secretary for submission to the ACT board for pre-approval, no later than 30 days prior to the training.
- If there are any questions about the application, or once the board has decided pre-approval or denial of application, the group's Regional Representative will notify the member group.

Part 2 – Invoice/Report (Post-Training):

- Upon completion of the pre-approved educational event the member group is to send Part 2 Invoice to the ACT Secretary including:
 - Original receipts verifying the actual expenses incurred,
 - Optional: Member groups are asked to provide a final budget of the event including a listing of all revenues and expenses, in case additional funds should become available beyond those requested.
- **Cancellation of Event:** In the event the training is cancelled, member groups should report and provide receipts for any actual, non-recoverable expenses for reimbursement.
- Once the content of the Part 2 Invoice/Report and receipts have been verified by the ACT board at their next scheduled ACT board meeting, the invoice will then be reimbursed by the ACT Treasurer.

Current Rates (These rates are reviewed and adjusted annually)

The maximum amount that may be requested is \$1,500.00 per application, and may include up to a limit of \$200.00 in mileage.

Both Part 1 – Application and Part 2 - Invoice/Report are to be forwarded to:

ACT Secretary, 24 8th St, Portage La Prairie MB R1N 1C4

Or Email: secretary@actmanitoba.mb.ca

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ACT Manitoba Theatre Development Fund – Part 1 – Application (Pre-Training)Please complete in block letters

	roup Name: Date:					
Event Information						
Topic:	Date(s):					
Location:	Duration (1/2 day, weekend, hourly):					
Instructor(s):						
Note: Where an instructor is not on the ACT list of	f professional trainers, i	nstructors and	clinicians, please provide copies of	documents validating the individual	l's credentials.	
Total participants expected:			Will you be inviting memb	pers from other groups?	Yes	No
Are you charging a fee?	res No	If so, ho	ow much per person?	\$	•	•
Additional details about the event - ple	ease include an ou	utline (if av	ailable)			
	provide cop	ies of ar		etc to help substant	iate your	values.
Facility Rental	provide cop	ies of ar	\$	etc to help substant	iate your	values.
Facility Rental	provide cop	ies of ar		etc to help substant	iate your	values.
Facility Rental Instructor(s) Fee(s):			\$	etc to help substant	iate your	values.
Facility Rental Instructor(s) Fee(s): Instructor(s) Incidental Expenses (mile	age/accommodat		\$ \$	etc to help substant	iate your	values.
Facility Rental Instructor(s) Fee(s): Instructor(s) Incidental Expenses (mile: Other Expenses: (please provide detail	age/accommodat		\$ \$ rals) \$	etc to help substant	iate your	values.
Anticipated Budget – Please Facility Rental Instructor(s) Fee(s): Instructor(s) Incidental Expenses (milea Other Expenses: (please provide detai Total amount requested:	age/accommodat	ion/materi	\$ \$ rals) \$	\$		
Facility Rental Instructor(s) Fee(s): Instructor(s) Incidental Expenses (mile: Other Expenses: (please provide detail	age/accommodat	ion/materi	\$ \$ rals) \$			

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ACT Manitoba Theatre Development Fund – Part 2 – Invoice/Report (Post-Training)

Please complete i	n block letters				
Group Name:	Date:				
Billing Address:	Email Address:				
City/Town:	MB Postal Code:				
Event Inform	nation				
Горіс:	Date(s):				
ocation:	Duration (1/2 day, weekend, hourly):				
nstructor(s):					
inancial Rep	OORT (Attach original receipts verifying the expenses incurred)				
acility Rental	\$				
nstructor(s) Fee(s	\$ \$				
nstructor(s) Incid	ental Expenses (mileage/accommodation/materials) \$				
Other Expenses: ((please provide details) \$				
otal amount requ	uesting: \$				
Additional co effectiveness onto ACT's so Member grou expenses in o Equality, Div	0 1 2 3 4 1 0-4, how cost effective was this training? 0 1 1 2 3 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Does this evendditional co	ent encompass ethnic, cultural or diversity training? As you are comfortable, please share mments.				
Submitted by Signature:	y: (Note: A physical signature is not required if emailed from the address listed below)				
Name:	Position: Position: Date:				
Group:	Email Address: Phone #:				
	For ACT use only				
	To Act use only				
	Date approved for payment: Cheque #:				

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