

Application Deadline: August 10th, 2021

Reconciliation Deadline: October 30th, 2021

Eligibility

Nova Scotia summer theatre is a mainstay in this province. It is vital to local, regional economies. The Summer Theatre Assistance Program mitigates financial risk for professional theatre companies who run regularly occurring live summer theatre in Nova Scotia and are eager to welcome back audience to their venues within public health guidelines and protocols.

Professional theatre companies **must submit production budgets for the start of their season**. At the close of season they will submit a report and financials to demonstrate their end of season position.

Eligibility period to offset losses is July 1st to September 30th, 2021 to a maximum of \$15,000 per organization.

Applicant Information

Name of Theatre Company: _____

Street Address: _____ Suite/PO Box: _____

City/Town: _____ County: _____

Province: _____ Postal Code: _____

Legal Name (if different than above): _____

The Summer Theatre Assistance Program is for professional theatre companies who run regularly occurring live summer theatre in Nova Scotia. To assess your eligibility please answer the following:

Did you plan to run a summer season in 2020?

Yes No

Did you run a summer season in 2019?

Yes No

Registration Information

Is your business/organization registered with the Nova Scotia Registry of Joint Stocks as a non-profit society or non-profit cooperative?

Yes No

Registration Number: _____

Are you a member of Theatre Nova Scotia?

Yes No

As of what year (if known): _____

Guidelines & Application

Theatre Nova Scotia: Summer Theatre Assistance Program



Chairperson

Chairperson: _____

Telephone (Primary): _____

Email: _____

Application Contact

Application Contact: _____

Telephone (Primary): _____

Email: _____

Reporting Details

Season Start Date: _____ Season End Date*: _____

Location of Project: _____

(*No later than Sept. 30th 2021)

Budget Details

Please attach your complete **season** budget with anticipated revenues and expenses at time of application, and actual revenues and expenses again at time of reconciliation in a way that clearly indicates the difference required to offset expenses.

Anticipated Revenues: _____ Anticipated Expenses: _____

Actual Revenues: _____ Actual Expenses: _____

Difference to Offset Expenses: _____

Report on Activity

Please briefly report on activity that occurred in relation to the shortfall.

Bank Account Information

Please complete the below information to receive the associated reconciled payment amount.

Name of bank account holder		
Name and telephone number of financial institution		
Branch Number	Institution Number	Account Number

Declaration

As a representative of an organization, consortium or group:

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that the organization, group or consortium I represent meets the eligibility criteria.
- I understand that reported shortfall must have occurred after July 1st and on or before September 30th.
- I will act as the representative of the organization, consortium or group and will keep all participants informed of the application content and any funding decision.
- I understand that my reconciliation of financials and reported shortfall is due by October 31st 2021.

Signature

Date

Send Completed Application Form to

Theatre Nova Scotia
E-mail: theatrens@theatrens.ca

For Further Information

Contact: Cat MacKeigan
Phone: 902-425-3876
E-mail: cmackeigan@theatrens.ca