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# Professional Development Application/Budget Form

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**Project name:** \_\_\_\_\_ **Scheduled date:** \_\_\_\_\_

**Project applicant(s):** \_\_\_\_\_

**Workshop city:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

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## EXPENSES:

	<u>Item</u>	<u>Budget</u>
<b><u>Instruction</u></b>		
Fees	_____	\$ _____
Travel	_____	\$ _____
Accommodation	_____	\$ _____
Other professional fees (eg. accompanist; coach; etc)	_____	\$ _____
<b><u>Other</u></b>		
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)	_____	\$ _____
<b>TOTAL EXPENSES:</b>	_____	\$ _____

**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