



THEATRE ENGAGING COMMUNITIES (TEC)

TEC COVER SHEET

Date of application: _____ Total cost of project: \$ _____

Amount requested (TEC):\$ _____

Project Lead Name: _____

NTS Program: _____ NTS Graduation Date: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ E-mail: _____

Project title: _____

Brief overview of the project (20 words or less):

Location(s) (Specify location of performances or rehearsals or workshops or other):

Start date: _____ End date: _____

Please make sure that your application includes the following:
(By checking corresponding squares)

- Description of the project (less than 10 pages) including an explanation of the way this project is going to reflect the TEC criteria for evaluation
- Detailed budget (including other sources of funding)
*Please make sure that your budget balances
- Clear timeline
- Name and signature of all NTS students/graduates involved