

## **The Florida Association for Theatre Association (FATE) AIDS Outreach Mini Grant Application 2006-2007**

This program is designed to provide moderate support for Florida theatre teachers to enable them to implement AIDS awareness projects with their students. It was developed from proceeds received from a silent auction at an annual FATE Conference from signed Broadway posters provided by Broadway Cares/Equity Fights AIDS.

### **Goal:**

To support theatre education projects to raise the awareness of AIDS with students and the community.

### **Grant period and amount for 2006-2007 :**

- Application deadline is September 25, 2006.
- Project timeline is for November 1 through April 2007.
- Requests may be for amounts up to but no more than \$350.00.
- Grants are for the time designated only and are not renewable.
- Grants can be applied for annually following the application process.

### **Eligibility:**

- Applicant must be a Florida theatre educator, preK through college level.
- The theatre educator must produce a staged theatrical performance; it may be original.
- The production must be a student/community AIDS outreach program.
- Any data used in the performance must be supported by current research.

### **How to apply:**

- Complete the application form.
- Must be typed (needs to be 10 pt. or larger).
- Application will download in Microsoft Word or in a PDF form you can type into. HOWEVER, unless you have the complete Acrobat program, the PDF form will not save your typed information.
- Be sure all sections are complete and all signatures required are included.
- INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

### **Mail completed forms by the deadline to:**

Murray Mintz, Executive Director  
FATE  
2553 Forest Pkwy S.  
Largo, FL 33771

### **Review and notification:**

Applications will be reviewed by the FATE Grant Committee. Applicants may expect a response by the annual conference. Funds will be released to the applicant's school.

**Accountability:**

Documentation of expenditures, photo documentation, and a brief final report from the recipient **is required**. **ALL** printed materials (posters, programs, etc. **must** include the following statement:

This performance has been supported by a grant from the Florida Association for Theatre Education (FATE) in cooperation with Broadway Cares/Equity Fight AIDS.

**This grant can be used for:**

- Travel
- Productions costs, i.e., royalties, scripts, costumes, props, music, etc.
- Honorariums for guest speaker/artist
- Outreach materials
- Printing

**This grant MAY NOT be used for:**

- Food
- Stipends of any kind

**Questions?**

If you have any questions regarding the application, please contact Murray Mintz at 727.535.0113 or at [murray\\_mintz@msn.com](mailto:murray_mintz@msn.com)

**The Florida Association for Theatre Association (FATE)**  
**AIDS Outreach Mini Grant 2005-2006 Application**  
**Deadline: January 12, 2006**

For the application to be considered, all lines must be filled out and all information must be typed within the space provided in not smaller than 10 pt. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

Teacher Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Email \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ School telephone \_\_\_\_\_

Principal's Name \_\_\_\_\_

School District Supervisor's Name \_\_\_\_\_

Grade(s) and subjects(s) taught \_\_\_\_\_

Educational level attained and college(s) attended \_\_\_\_\_

Title of the production \_\_\_\_\_

Theme \_\_\_\_\_

How many students/community members will this project impact? \_\_\_\_\_

Grant amount requested (not to exceed \$350.00) round off to nearest dollar, no cents \_\_\_\_\_

Project dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**The following questions are for FATE survey data only and will not affect your request:**

Percentage of students at your school receiving free or reduced lunch \_\_\_\_\_ %

Total # of students you teach \_\_\_\_\_

Will parents/guardians be involved in this project?  Yes  No

Will members of the community be involved in this production?  Yes  No

**Please describe the objective of your production:**

**Please describe how you will evaluate the completed production:**

**Please list your itemized budget: (Sources of other funding and in-kind services are encouraged and are to be included)**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal or  
District Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Deadline: January 12, 2006**