



Instructions on Applying for a Basic Needs Grant

Be sure you meet our eligibility requirements:

- You must be an entertainment technology professional. Performing artists are not eligible.
- You are seriously ill or injured, or have an immediate, dependent family member such as a spouse/partner or dependent (minor) child who is seriously ill or injured.

(If you are applying because of Covid-19 you must show proof of hospitalization.)

- You currently reside in the US or Canada
- You have earned your living for at least five years in the entertainment technology industry. This means that your major source of income is from your work in this industry, which includes being directly involved with a production-related craft:
 - Behind the scenes in any type of performance venue, or
 - Behind the camera, or
 - On the road, or
 - Work for companies who are directly involved in supplying entertainment technology products and services such as dealers, manufacturers, production companies, consultants, and design firms.

You do not need to be currently working in the industry as long as your time out of the industry is less than the total time you worked in the industry, unless you are retired or on permanent disability.

Completing the application:

The application requires such information as a letter from your doctor or other documentation of your medical condition, documentation that you have earned your living in the industry for at least five years, financial information, copies of bills you are seeking assistance with (Behind the Scenes does not assist with credit card, legal or IRS bills), a current bank statement, and a copy of your most recent Federal tax return. The complete list can be found on Page 7. Your application cannot be processed until all information is submitted.

All documentation must be provided in PDF format. If it is not, it may delay the processing of your application. You can easily scan your documents with your phone using a free app like Adobe Scan which is available in the App Store for iOS or Android.

If you have any questions as you are completing the application and assembling the required supporting documentation please contact info@btshelp.org or call 212-244-1421.

An application may be submitted on behalf of an eligible person by a spouse or domestic partner, family member, a legal guardian or a person acting under a valid power of attorney or other legal authority. In certain situations an application may be submitted by a close friend or colleague on behalf of the eligible person.

The Basic Needs Application is in Adobe Acrobat format. Acrobat Reader may be obtained free at <http://www.adobe.com>. Download the fillable PDF application and:

- Fill in digitally, save and email along with supporting documentation to info@btshelp.org, or
- Print, complete, and fax to 646-713-2308, or
- Print, complete, and mail to P.O. Box 368, Lakeville, CT 06039, or
- The form may also be obtained by calling 212-244-1421 or emailing info@btshelp.org

How are applications reviewed and how quickly can I expect an answer?

Applications are reviewed by a formal Review Committee. Grant decisions are generally made within a few days of receiving a completed application and all supporting documents (in a PDF format). You may receive a telephone call from a member of the Review Committee or their representative if there are further questions about your situation. If a grant is awarded, you will be contacted immediately to coordinate delivery of the grant.

Payment must be made to the service provider and can be sent directly to the provider or to the grant recipient for distribution. All funds awarded must be used within three months unless special arrangements are made.

Application for a Basic Needs Grant



Behind the Scenes is a 501(c)(3) charitable Foundation which provides to qualified Eligible Persons financial assistance for emergency situations due to serious illness or injury. Grants may be used for medical care and basic living expenses including rent, mortgage, utilities, transportation, and childcare.

Eligibility requirements and instructions for applying for a Basic Needs Grant are shown on Page 1. Please read them carefully before beginning.

It is common to experience depression or anxiety when you are dealing with a serious illness or injury. The Behind the Scenes Mental Health Initiative has many tools and resources available to help. Please visit btshelp.org/mentalhealth to learn more.

Date of Application: _____

Name of Eligible Person: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Occupation: _____

If you are applying on behalf of an Eligible Person, please enter your information below:

Name of Applicant: _____

Relationship to Eligible Person (*you may be asked to provide documentation of relationship such as marriage certificate, birth certificate, proof of joint assets or joint obligations, proof of guardianship or power of attorney*):

Spouse Domestic Partner Child Legal Guardian Power of Attorney Other _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Information on Eligible Person

Eligible person is able to demonstrate having earned a living in the entertainment technology industry for at least 5 years.

Social Security / Social Insurance Number: _____ Date of Birth: _____

Sex: Male Female Gender Fluid/Genderqueer/Gender Variant Non-Binary/Non-Conforming Trans Other

Marital Status: Single Married Domestic / Common Law Partner Divorced Widowed

List names, relationship and ages of all dependents:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Application

In order to aid the Review Committee in providing you with financial assistance that will best address your particular circumstances, please describe your illness or injury and how it has impacted your day to day living.

Date of onset of illness or injury: _____

Describe the current status of health care coverage including Medicare, Medicaid, Worker's Compensation, or Employment Insurance Sickness Benefit, etc.: _____

Employment History

You must demonstrate that you have earned your living in the industry for a minimum of 5 years:

- If you are a union member, your local or pension plan should be able to provide you with a printout of your annual earnings or hours worked.
- If you have full-time employment with a single employer, a copy of your annual W-2s or a letter from your employer attesting to your employment is acceptable.
- If you are a freelancer with some or all work that is non-union, please provide a selection of W-2s or 1099s from each of 5 years, and a resume if available.

Current Status: Full Time Free Lance Unemployed On Disability Unpaid Leave Retired

Current / Most Recent Employer: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Dates of Employment: _____

Position: _____

List all Union affiliations (if any), past or present, and indicate whether currently active or inactive (*please provide copy of active Union cards*):

FINANCIAL INFORMATION (as of _____, 20____)

Assets

Cash - checking, savings, credit union, CD's, etc. <i>(please provide copies of most recent bank statements)</i>	\$
Real Estate Owned <i>(list the current fair market value of your residence and other real estate holdings)</i>	\$
Automobiles owned by you or your spouse	\$
Make/Model/Year	
Make/Model/Year	
Retirement Plans - IRA's, pension plans, RRSP, etc. <i>(please provide copies of most recent statements)</i>	\$
Stocks and Securities	\$
Other Assets <i>(please explain)</i>	\$
Total Assets	\$

Liabilities

Outstanding Mortgages <i>(current balance)</i>	\$
Income Tax Payable	\$
Loans <i>(please explain)</i>	\$
Credit Card Bills	\$
Medical Bills	\$
Utility Bills	\$
Other Liabilities <i>(please explain)</i>	\$
Total Liabilities	\$

Monthly Income (as of _____, 20____)	
Your Monthly Earnings	\$
Monthly Earnings of Spouse or Domestic Partner	\$
Unemployment Benefits	\$
Disability Benefits	\$
Pension Benefits	\$
Social Security Benefits	\$
Veteran's Benefits	\$
Child or Spousal Support	\$
Health and Accident Insurance Benefits	\$
Interest and Dividends	\$
Other Income <i>(please explain)</i>	\$
Total Monthly Income	\$
Monthly Expenses (as of _____, 20____)	
Rent	\$
Mortgage	\$
Real Estate Taxes	\$
Car Payment <input type="checkbox"/> Owned <input type="checkbox"/> Leased	\$
Car Insurance	\$
Other Transportation Costs	\$
Health Insurance Premiums <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	\$
Other Insurance Premiums <i>(please explain)</i>	\$
Union Dues <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	\$
Loan Payments	\$
Utilities - Electric / Gas / Water / Garbage	\$
Telephone / Internet / Cable	\$
Child or Spousal Support	\$
Tuition	\$
Food and Clothing	\$
Health Care Not Covered by Insurance	\$
Credit Card Payments	\$
Other Expenses <i>(please explain)</i>	\$
Total Monthly Expenses	\$

Assistance Requested

Please indicate what type and the amount of assistance you are applying for (*include copies of relevant bills*):

- Living Expenses** (*fundable expenses include: rent or mortgage, property taxes, insurance, utilities, food, transportation, health insurance, and childcare*). Please list in order of priority.

Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____

- Medical Aid** (*fundable expenses include: doctors, hospitals, medication, specialty medical treatments, rehabilitation/ physical therapy, prosthetics, wheelchairs, and home healthcare*). Please list in order of priority.

Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____
Expense _____	Amount requested \$ _____

The following must be submitted along with this application

- Proof that you have earned your living in the entertainment industry for at least five years (*see page 3*)
- Copies of any wage statements available for the current year
- Supporting documentation for your medical condition or disability such as a doctor's letter or medical bill indicating diagnosis
- Copies of any bills you are seeking assistance with
- Complete copy of your most recent bank statement
- Copy of most recently filed complete United States or Canadian Federal Tax Return (with Schedules)
- If applicable: copies of current Workers' Compensation, disability, or unemployment statements
- If applicable: copy of your union card

Are you being assisted by other charitable organizations?

- | | |
|--|----------------------------|
| <input type="checkbox"/> AFC (Canada) - Contact: _____ | Assistance provided: _____ |
| <input type="checkbox"/> Entertainment Community Fund - Contact: _____ | Assistance provided: _____ |
| <input type="checkbox"/> Motion Picture & Television Fund - Contact: _____ | Assistance provided: _____ |
| <input type="checkbox"/> MusiCares - Contact: _____ | Assistance provided: _____ |
| <input type="checkbox"/> Will Rogers Foundation - Contact: _____ | Assistance provided: _____ |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | Assistance provided: _____ |

Disclosure Regarding Financial Assistance

The undersigned Applicant understands and agrees as follows:

1. Awards of financial assistance granted by the Behind the Scenes Foundation will be dispersed on a case-by-case grant basis. Any grant of financial assistance is not an agreement by the Behind the Scenes Foundation to provide the applicant with financial assistance for any period of time or in any amount other than that specified by the Behind the Scenes Foundation in its sole and absolute discretion at the time of the grant. Grants must be used within three months of award, subject to extension in the sole and absolute discretion of the Behind the Scenes Foundation.
2. The amount and conditions of the grant shall be determined at the sole discretion of the Behind the Scenes Foundation based, in part, upon the recommendation of a screening panel. The satisfaction of minimum eligibility standards does not guarantee grant approval for financial assistance. The Behind the Scenes Foundation does not discriminate based on race, religion, color, national origin, sex, sexual orientation, or political affiliation.
3. The use of grants for legal expenses is strictly prohibited.
4. Applicants shall provide evidence of approved use of funds and the undersigned agrees to provide such evidence promptly. In the event funds are not used for the purposes stated in the Application, the Behind the Scenes Foundation reserves the right to demand and seek repayment of funds dispersed.
5. The Behind the Scenes Foundation reserves the right to condition any award or grant and at any time to modify the amount or terms of any financial assistance awarded or to terminate such financial assistance upon a change of either the grantee's or the Behind the Scenes Foundation's circumstances or the discovery of new information relevant to such financial assistance or this Application.
6. The undersigned hereby authorizes the Behind the Scenes Foundation (a) to communicate with the people and organizations listed in this Application or on supporting documentation to verify the information contained in this Application, (b) to share the Applicant's information contained in this Application with the AFC (Canada), Entertainment Community Fund, Motion Picture & Television Fund, MusiCares, Will Rogers Motion Picture Foundation, or any of them; and (c) to conduct a credit investigation and obtain credit reports on the Eligible Person. The undersigned hereby authorizes the people and organizations listed in this Application or on supporting documentation and credit reporting agencies to release to the Behind the Scenes Foundation, and its duly authorized representatives, any information deemed necessary by the Behind the Scenes Foundation to complete its review of this Application. Specifically, the undersigned authorizes any insurance company, organization, employer, hospital, physician or pharmacist to release any information requested by the Behind the Scenes Foundation (or its representatives) with regard to medical treatment, dates of medical service, and medical condition to the Behind the Scenes Foundation and its representatives.
7. The undersigned understands that the Behind the Scenes Foundation may request additional documentation in support of this Application as proof of need.
8. The undersigned hereby certifies that they have answered the foregoing questions to the best of their ability, and that the information provided by the undersigned is true, complete and correct. The undersigned understands that any false or misleading information will disqualify the Eligible Person from receiving any financial assistance from the Behind the Scenes Foundation. In the event a grant has been made prior to the discovery of any such false or misleading information, the Behind the Scenes Foundation reserves the right to recover from the undersigned the funds previously granted and paid.
9. Information submitted or received in connection with this Application will be disclosed to and used by the Behind the Scenes Foundation and its Board of Directors and staff in evaluating the Application, and will be held confidential unless otherwise required by law. In the event the Application is approved, however, the Behind the Scenes Foundation reserves the right and the undersigned agrees that the Behind the Scenes Foundation (without disclosing the recipient's name or address) shall have the right to release information publicizing the grant and explaining the basis upon which the grant was made.

Signature of Eligible Person or Applicant

Date

**Email to: info@btshelp.org or Fax to: 646-713-2308
or Mail to: Behind the Scenes, P.O. Box 368, Lakeville, CT 06039**