



SEASON OF CONCERN
C H I C A G O

Please note: Below are our guidelines
If you believe you meet the criteria and would like to proceed to submit an application, please contact:

Jaime Delgado, LCSW
The Biscotto Miller Fund
c/o The Actors Fund
8 South Michigan Suite 2700
Chicago, IL 60603
Phone (312) 372-0989/ Fax: (312) 372-0272
Email: jddelgado@actorsfund.org

Season of Concern is the Chicagoland theatre community's fundraising effort in providing compassionate care to those in our community who are experiencing the effects of incapacitating illness, injury or circumstance. This effort supports (a) the fight against AIDS, contributing to programs that provide direct-care support (*funded programs provide personal financial support, housing care, meals, medications, legal assistance and a variety of other services for people living with HIV and AIDS*) to members of the theatre community and others in Chicago and the Midwest; **and** (b) emergency needs expressed by theatre community members in their struggles against other incapacitating illness, injury or health related circumstance.

Since 1988, funds have been raised through generous gifts from theatre artists, staffs, boards and audiences. Funds supported include **The Actors Fund of America** and **The Biscotto-Miller Fund**.

The Biscotto-Miller Fund Policy Guidelines

Emergency Financial Assistance for Chicago's Theatre Community

Purpose:

The Biscotto Miller Fund exists to provide short term emergency financial assistance to members of the Chicago Theatre Community who are in need due to incapacitating illness, injury or health related circumstance.

Categories of Assistance:

Including but not limited to:

- Rent/Mortgage
- Living Expenses
- Utilities (Gas, Electricity, Oil)
- Telephone
- Dental
- Psychotherapy (limited to \$65 per session for up to thirteen sessions)
- Chemical Dependency Treatment
- Transportation/Travel
- Short term medical expenses that might arise until health care is stabilized. Home care services, laboratory fees or medical supplies might fall under this category.

Assistance is not provided toward:

- Taxes
- Credit Card Payments
- Loans, Education
- Lawyer Fees
- Court Ordered Payments (alimony and child support)
- Union Dues

Level of Assistance

The maximum assistance an eligible member can receive is \$750.00 per month (defined as any 30 day period). After six months, eligibility will be reevaluated.

Eligibility:

Applicants must be active members of the Chicago Theater Community, having worked vocationally or without salary in the Chicago Theater Community at least once within the period extending from the time of application to one year prior to the diagnosis or injury. While it is anticipated that most applicants will be residents of the Chicagoland area and suburbs, applicants who have been active members of the community and are living elsewhere, but fulfill the work eligibility requirement, are eligible for assistance.

“Members of the Theater Community” is an inclusive definition and includes workers involved in any aspect of theatre including dance, management, front of house, acting, design, music, technical theatre, directing or playwriting. The artists must have done their work in a theater setting. Paid employment is not a condition of eligibility.

Documentation:

Documentation of Membership in Theater Community

An applicant must provide proof of vocational or avocational work, including but not limited to:

- W2 Forms
- Contracts
- Pay Stubs
- A copy of a Theater Program identifying the role the applicant played in a production as well as the date of the performances.
- An annotated resume or biography including verification of performance details.

Documentation of Expenses and Bills Applicant is Requesting for Payment

An applicant must provide documentation for the bills applicant is requesting for payment, including but not limited to:

- Pages of lease specifying to whom and what rental amount is paid, or copies of mortgage/maintenance bills, or copies of past method of payment (canceled check, money order form, or receipt for cash).
- Other bills.

Documentation of Illness or Injury

An applicant must provide proof of incapacitating condition. This will most likely be a letter from applicant's doctor.

While no documentation of financial need is required, you will be asked to provide a brief statement of need in the application.

Application

The Application and signed statement of need/truth must be submitted for each grant, but please note supporting documentation is required only at the time of the first application.

Prior to submitting and to receive the application form, please contact:

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c/o The Actors Fund
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Chicago, IL 60603
Phone (312) 372-0989/ Fax: (312) 372-0272
Email: jddelgado@actorsfund.org

For further information or if you have any questions, please call the above number or Season of Concern

Michael Ryczek, Managing Director
Phone: (312) 332-0518 Email: michael@seasonofconcern.org

The Biscotto Miller Fund reserves the right to alter, amend, modify and change the purpose, categories of assistance, limitations on assistance, eligibility and documentation at any time.