



Fiscal Sponsorship Program Application

Project Title _____

Project Director/Producer _____

Organization/Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Telephone: (W) _____ (H) _____ (C) _____

Email _____ Website _____

Second Project Director (if applicable) _____

Second Project Director Phone & Email _____

Project Type: Documentary Experimental Fiction/Narrative Film Fest/Other

Brief Description of Project (1 - 2 Sentences)

Stage of Production: Pre-Production Production Post-Production Distribution

Total Project Budget: \$ _____

Amount Raised to Date: \$ _____ In-Kind Donations: \$ _____

Are you a first-time Director? Yes No

Do you have a company with an EIN number to receive disbursements? Yes No

Please make checks payable to: _____

EIN or SS# _____

How did you hear about the Hollywood Theatre's Fiscal Sponsorship Program?