



FISCAL SPONSORSHIP PROGRAM APPLICATION COVER SHEET

Project title: _____

Project director / producer: _____

Organization / Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Website: _____

Project type: Documentary Experimental Fiction/Narrative Film Festival / Other

Brief description of project (1 - 2 sentences):

Stage of production: Pre-production Production Post-Production

Total project budget: \$ _____ Amount raised to date: \$ _____

Total value of in-kind donations received to date: \$ _____

Are you a first-time director / producer? Yes No

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

Please make checks payable to: _____

Employee Identification Number (EIN) or Social Security (SS) number: _____