

APPLICANT NAME:

COMPANY / ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

LATINO PUBLIC BROADCASTING APPLICATION 2009

ARE YOU A U.S. CITIZEN OR LEGAL RESIDENT OF THE UNITED STATES OR ITS TERRITORIES? ☐ Yes ☐ No

PHONE: (DAY)

(EVENING)

E-MAIL:

PROJECT TITLE:

AMOUNT REQUESTED:

TOTAL PROJECT BUDGET:

PROJECTED COMPLETION DATE:

LENGTH: ☐ 26:40 ☐ 56:40 ☐ 86:40 ☐ Other

APPLICANT'S ROLE:

FORMAT PROJECT IS SHOT ON:

COMPLETED FORMAT:

GENRE: ☐ Documentary ☐ Drama ☐ Experimental ☐ Animation ☐ Other

CATEGORY: ☐ Development ☐ Production ☐ Post-Production ☐ Outreach
(please select only one)

FISCAL SPONSOR (YES/NO):
(not mandatory)

ORGANIZATION:

CONTACT PERSON:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE (DAY):

FEDERAL ID NUMBER:

Application should include: 12 Copies of each of the following: Application Form, Budget Summary Form, Application Summary, Project Description (not to exceed 6 pgs), Detailed Project Budget, Key Personnel Summary and Scripts (if applicable). PLEASE SUBMIT STAPLED, 3-HOLE PUNCHED COPIES TOGETHER.

CERTIFICATION:

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING ALL ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____