



Women in Film & Video
FISCAL SPONSORSHIP APPLICATION

Project Title: _____

Name of Project Administrator: _____
(Individual responsible for requesting funds and reporting to WIFV)

Title Role in Project: Producer or Co-Producer Director Other Title: _____

Company/Organization Name: _____ *n/a*

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____(w) _____ (cell) Fax _____

Email: _____
** All applicants must have an email address*

Website address: _____ *n/a*

Director of Proposed Project (if different from Project Administrator): _____ *n/a*

Director phone and email: _____

Description of Project (**1-2 sentences**) _____

Genre/Type of project Documentary Narrative Experimental Other: _____

Anticipated Length of Project ___ Minutes Shooting Format: Film Video Other: _____

Current Stage of Production Pre- Production Production Post-Production Distribution

Total Project Budget: \$ _____

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

Is this your first independent film/media project? yes no

If no, amount of cash raised for previous film/ media projects: \$ _____

What is your filmmaking background (i.e. editor; first-time director, etc.)? _____

Do you have, or will you solicit investors who are not also creative participants on the project? yes no

How did you hear about our fiscal sponsorship program, please choose:

Internet Search WIFV Program/Event WIFV Representative WIFV Newsletter

Please send this completed application and all required supporting documents to WIFV at either
director@wifv.org or to the following postal address:
WIFV, 4000 Albemarle Street NW, Suite 305, Washington, 20017