



# Application for WIFV Seed Fund for Documentary Filmmakers

---

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated running time of project: \_\_\_\_\_ Shooting format: \_\_\_\_\_

What is your mediamaking background? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities will Seed Fund Grant support: \_\_\_\_\_

\_\_\_\_\_

Will you be able to finish activities related to Seed Fund Grant within 12 months? \_\_\_\_\_

Amount Raised (to date) in cash: \_\_\_\_\_ In-kind Donations: \_\_\_\_\_

Is this your first independent film/media project? \_\_\_\_\_

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

If you receive a WIFV Seed Fund Grant, your project will be eligible to be fiscally-sponsored by WIFV. Will this service be of use to your project? \_\_\_\_\_

Please send this completed application and all required supporting documents to WIFV at either

[director@wifv.org](mailto:director@wifv.org) or to the following address:

WIFV, 4000 Albemarle Street, NW, Suite 305, Washington, DC 20016