*First Name		* Last Name	
*ls there a co-applicant?			🗌 Yes 🗌 No
Co-Applicant's name, if applica	able		
*Name of Production Entity, if	applicable		
*Address			
*City	*State		*Zip
LPB FUNDING CYCLE 2018			
*Applying for: 🗌 Public Me	edia Content Fund (PM	ICF) 🗌 Current Is	sues Fund (CIF)
*Are you a U.S. Citizen or lega	al resident of the United	States or its territories?	🗌 Yes 🗌 No
*Please specify your ethnicity	(Voluntary)		
*Role in production	Director Co-Producer	 Producer Co-Director 	Director/Producer Co-Director/Co-Producer
*Work Phone	*Home Phone	e	*Cell Phone
*Fax *Email Address			
*Project Title			
*Amount Requested *T		otal Project Budget	
*Project Completion Date			
*Length			
PMCF Options: 26:40	56:40	86:40	Other
CIF Options: 56:40	86:40		
*Genre			
PMCF Options: Docume	entary 🗌 Drama	Experimental	Animation Other
CIF Options: Docume	entary		
* Category (Please Select Only On	e Category)		
PMCF Options: Development Production Post-Production Digital Media			
CIF Options: Production	on 🗌 Post - Produc	ction	
Shooting Format (check all that a	pply)	☐ Beta ☐DV [] HD 🔲 16 mm 🔲 35 mm
Completed Format (check all tha	t apply)	Beta DV] HD 🗌 16 mm 🔲 35 mm

LPB FUNDING CYCLE 2018 - CONTINUED

*Please provide a brief one sentence synopsis of proposed program (you will attach your full program description along with this application)

*Specify a topic that best represents your program (e.g.: Arts & Artists, Social Issues, Immigrants, Education, etc.) Specify an additional topic that best represents your program (optional) (e.g.: Arts & Artists, Social Issues, Immigrants, Education, etc.) *Specify a geographic region where your program occurs (e.g.: Latin America - Central, Latin America - Caribbean, United States - Midwest, etc.) Specify an additional geographic region where your program occurs (optional) (e.g.: Latin America - Central, Latin America - Caribbean, United States - Midwest, etc.) 🗌 Yes 🗌 No *Do you have a fiscal sponsor (Not Mandatory) If yes, please enter the sponsor's information Sponsor Organization Sponsor Contact Person Sponsor Address City State Zip Federal ID Number Sponsor Phone Number