*First Name		* Last Name				
*Is there a co-applicant?			☐ Yes ☐ No			
Co-Applicant's name, if appli	cable					
*Name of Production Entity,	f applicable					
*Address						
*City	*State		*Zip			
*Applying for:	Media Content Fund (PM	MCF) ☐ Current Is	sues Fund (CIF)			
*Are you a U.S. Citizen or leg	gal 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		e	*Cell Phone			
*Fax	*Em	ail Address				
*Project Title						
*Amount Requested		*Total Project Budget				
*Project Completion Date						
*Length						
PMCF Options: 26:40	☐ 56:40	□ 86:40 □	Other			
CIF Options: 56:40	86:40					
*Genre						
PMCF Options: Docum	entary 🔲 Drama	☐ Experimental	☐ Animation ☐ Other			
CIF Options: Docum	entary					
*Category (Please Select Only C	ne Category)					
PMCF Options: Development Production Post-Production Digital Media						
CIF Options: Produc	tion 🔲 Post - Produ	ction				
Shooting Format (check all that	apply)	☐ Beta ☐DV ☐] HD			
Completed Format (check all the	at apply)	☐ Beta ☐DV [] HD			

*Please provide a brief one sentence synopsis of along with this application)	of proposed program (yo	u will attach your	full prog	gram description
*Specify a topic that best represents your progra (e.g.: Arts & Artists, Social Issues, Immigrants, Education, education, education)				
Specify an additional topic that best represents y (e.g.: Arts & Artists, Social Issues, Immigrants, Education, et				
*Specify a geographic region where your progra (e.g.: Latin America – Central, Latin America – Caribbean, L	m occurs Jnited States – Midwest, etc.)			
Specify an additional geographic region where y (e.g.: Latin America – Central, Latin America – Caribbean, L		tional)		
*Do you have a fiscal sponsor (Not Mandatory) If yes, please enter the sponsor's information				☐ Yes ☐ No
Sponsor Organization				
Sponsor Contact Person				
Sponsor Address	City	State	Zip	
Sponsor Phone Number	Federal ID N	umber		