

THE COMMUNITY FILM WORKSHOP
BUILD ILLINOIS FILMMAKERS GRANTS.
Application Form

Please Type:

Name: _____ Phone: _____

Address: _____

Project Title: _____

Production Stage: Pre-Production ____ Production ____ Post-Production ____

Applicant's role in the project: _____

Brief Description of Role:

List the CFW equipment/facilities you are requesting for this grant & breakdown of cost.

<u>CFWC Equipment/facilities</u>	<u>Hours/Days</u>	<u>Rates</u>	<u>Cost</u>
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The information in this application is true to the best of my knowledge. I acknowledge that Community Film Workshop is not responsible for any loss or damage to sample work submitted with this application. My check for \$30 CFWC membership is enclosed.

Signature of Applicant: _____

Date: _____