



Grant Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Project Information

Title: _____

Format: Feature/Series (circle one)

The Story:

Tell us About You:

What makes you want to tell this story:

(If you need additional space, please attach additional sheets)

Screenplay: Please send a copy of the screenplay for the project in PDF form for consideration.

By submitting your material, you agree to the following:

* You recognize that Film Collective of Dallas has access to and/or may create or have created literary materials and ideas which may be similar to said material in theme, idea, plot, format, or other respects.

* You have retained at least one copy of said material, and you hereby release Film Collective of Dallas of and from any and all liability for loss of, or damage to, the copies of said material submitted to Film Collective of Dallas hereunder.

* You warrant that you are the sole owner and author of this material, and/or that you have the exclusive right and authority to submit the same to Film Collective of Dallas upon the terms and conditions stated herein. You will indemnify Film Collective of Dallas of and from any and all claims, loss or liability that may be asserted against Film Collective of Dallas or incurred by you, at any time, in connection with said material, these rights, or any use thereof.

Eligibility: The application is open to individuals/projects that have not previously received support from Film Collective of Dallas as well as current grantees. Applicants must be current residents of the Dallas, Texas area (including but not limited to Dallas, Tarrant, Collin, Denton, and Rockwall Counties) at the time application is made. In addition, all projects receiving grants from Film Collective of Dallas must have a majority of production occur within the same geographic area.

SIGNATURE

By signing this application, you attest that your answers are true and correct to the best of your knowledge.

Signature: _____ **Date:** _____

Please return this form along with any supporting or other requested documents to:

Film Collective of Dallas
ryan@dallasfilmcollective.com

Film Collective of Dallas is a registered 501(c)(3) public charity.