

Millennia Scope Entertainment Foundation Movies
FISCAL SPONSORSHIP APPLICATION

Application Date: _____/_____/_____

**Must fill out*

Project Title*: _____

Project Administrator (or primary contact for project)*: _____

Role in Project*: Producer or Co-Producer Director Other: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____-

Telephone: (w)____-____-____ (h)*____-____-____ (c)*____-____-____ Fax: ____-____-____

Email*: _____

Website: _____

Organization/Company: _____ N.A.

Director of Proposed Project*: _____ (Check if same as Project Administrator)

Director phone and email: ____-____-____ _____

Project Description (Must be LGBT Themed and/or have major LGBT Characters) * (1-2 sentences): _____

Genre*: Documentary Scripted Reality Video

For film/video: Anticipated RT: _____minutes Shooting Format: Film Video

Production Stage*: Pre- Production Production Post-Production Distribution

Entire Project Budget*: \$ _____

Cash raised to date*: \$ _____ In-Kind Donations: \$ _____

For the Producer of the project:

Is this your first independent film/video/transmedia project? Yes No

If no, cash raised for previous project: \$ _____

What is your filmmaking/media background (i.e. editor; first-time director, etc.)?

Have you been fiscally sponsored by MSEF before? Yes No

If yes, what project and what year? _____

How did you hear about our fiscal sponsorship program, please choose:

Internet Search Screening of WMM Film WMM Representative WMM Email Newsletter

Referral from Organization (which one: _____) Referral from a Colleague

Other: _____

Millennia Scope Entertainment Foundation Movies
APPLICATION FEE PAYMENT FORM

Submission Date: _____

Project Administrator*: _____

Project Title*: _____

OPTION 1

PAYMENT BY CHECK OR MONEY ORDER

Enclosed is a non-refundable \$50 check or money order, payable to:

Millennia Scope Entertainment Foundation, Inc. Movies
P.O. Box 6218
North Hollywood, CA 91603.

OPTION 2

PAYMENT BY CREDIT CARD

Please bill the \$50 Fiscal Sponsorship Application Fee to the following:

MasterCard Visa American Express)

Log onto website: www.msefoundation.org hover over "SUPPORT" click on Donate!

Or, make the following information available with application

Account Number: ____ / ____ / ____ / ____

Expiration Date: __ / ____

Cardholder Name: _____

Billing Address*: _____

_____, ____ _____

Cardholder signature: _____

This Application fee is non-refundable