

Sample Works

Please list your sample works. **(Please note that the combined running times of all submitted sample works may not exceed 20 minutes. DO NOT SEND YOUR SAMPLE WORKS WITH YOUR APPLICATION.)** They will be requested at a later date.

Year	Title & Your Role in the Production	Format	Length

Formats Accepted: VHS, 16mm, DVD

Application Checklist

- | | |
|---|---|
| <input type="checkbox"/> Signed Application Cover Sheet
<input type="checkbox"/> Project Description
<input type="checkbox"/> Current Résumé(s)
<input type="checkbox"/> Detailed Expense Budget | <input type="checkbox"/> Income Budget
<input type="checkbox"/> 10-Pages of Script, Detailed Treatment or Storyboard (Narrative work only) |
|---|---|

THIS INFORMATION WILL NOT BE PROVIDED TO THE SELECTION PANELISTS

The New York City Media Arts Grant Program seeks to be inclusive and accessible to all individuals. For this reason, we are requesting information about the racial/cultural origin of applicants, age, gender and how applicants heard about the program. You are not required to complete this section; however, this information will help us to know whether the program is attracting a diverse range of applicants.

- | | |
|---|--|
| <input type="checkbox"/> African-American
<input type="checkbox"/> European-American
<input type="checkbox"/> Native American | <input type="checkbox"/> Asian-American/Pacific Islander
<input type="checkbox"/> Hispanic/Latino/Latina
<input type="checkbox"/> Other Ethnicity (please specify) _____ |
|---|--|

- Male Female Age _____
 Disability Gay, Lesbian, Bisexual, Transgender

How did you hear about this program?

- | | |
|---|--|
| <input type="checkbox"/> Direct mail
<input type="checkbox"/> Press release
<input type="checkbox"/> Newsletter
Which one? _____ | <input type="checkbox"/> Referral from a colleague
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Other _____ |
|---|--|

THIS SHEET MUST ACCOMPANY PROPOSAL