



Community Television

KMVT Diversity / Hardship Grant Application

1400 Terra Bella Ave., Suite M, Mountain View CA 94043 Phone (650) 968-1540 Fax (650) 968-1543 Email: info@kmvt15.org

KMVT Community Television will be able to offer six \$500.00 grants to help Community Access Producers with production and training costs as well as for Access User fees for the fiscal year of July 2005 through June of 2006. Individuals or groups may apply if their circumstances fit into any of the following four categories: ethnic, economic, racial, disability or other hardships.

SEND TO Please fax, mail, or bring in your completed application addressed to the following:

Program Committee
KMVT Board of Directors
1400 Terra Bella Drive, Suite M
Mountain View, California 94043

INFORMATION ABOUT YOU

Name: _____ Date: _____

Organization: _____

Address: _____

Contact Numbers: (Home) _____ (Work) _____ (Cell) _____

1. Please describe in detail the diversity/hardship category that applies to your situation: _____

(You may attach an additional page to complete your description.)

2. Are you currently a KMVT Producer? Yes No

3. List all of the KMVT workshops that you have completed and their approximate completion date(s).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Studio Production (or equivalent)	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Linear Editing (Analog)	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-Linear Editing (Digital)	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Field/Camcorder	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Producer's Training	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sponsorship/Underwriting	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	Date: _____

4. Have you participated in a production outside of KMVT? Yes No

GRANT CATEGORY

1. What kind of production are you seeking a grant for?
 a one-time production a single production project a series of productions

2. Project/Production Name: _____

3. Project/Production Description: _____

4. Please answer all questions completely on **page 2**.



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4. Please answer the following questions completely.

i. How and where will the project be filmed?

___ Camcorder(s) ___ Studio recording Location: _____

ii. Describe your training and/or background in producing this project.

iii. How does the project address diversity in the Mountain View Community?

iv. Who is the target audience for the program or series?

v. How do you plan to staff the project (crew)?

___ Contacts from KMVT's "Eager to Crew" list ___ Other: _____

vi. How long will it take to complete the programming?

___ 1-4 weeks ___ 2-4 months ___ Other: _____

vii. Will you need KMVT staff assistance in the production of your project?

___ Yes ___ No Comments: _____

viii. Will you publicize the completed project?

___ Yes ___ No Comments: _____

ix. Present a budget on how funds will be used.

<u>Amount</u>	<u>Used For</u>	<u>Date To Be Used By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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