

Vision Maker Media Public Media Content Fund

Postmark Deadline: March 15, 2013

GENERAL INFORMATION

All information must be submitted on 8 1/2" x 11" paper, using one side only. Use paper or binder clips. The use of other special packaging is strongly discouraged. Proposals submitted without collated copies will not be considered. Keep a copy of the completed application for your records. Application must be postmarked by the deadline, March 15, 2013.

Program Title: _____

Producing Business/Organization: _____

Primary Contact/Producer: _____ Tribal Affiliation (if applicable): _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Are you a U.S. citizen or legal resident of the United States or its Territories? ☐ Yes ☐ No

Fiscal Sponsor*: ☐ Yes ☐ No If yes, Organization's name: _____

Contact: _____

Address: _____ Phone: _____ Fax: _____

City/State/Zip: _____ Email: _____

*See Guidelines: Producers who have not previously received funding from Vision Maker Media will be required to have a fiscal sponsor.

SYNOPSIS

Approximately 50 words or less:

TECHNICAL INFORMATION

Number of Program(s) / Episode(s): _____

Length of Program / Episode (please select one): ☐ 26:46* ☐ 56:46* ☐ 86:46 ☐ Other (Length: _____)

Format (please select one): ☐ 4:3 ☐ 16:9 ☐ HD* *Preferred

Note: All finished broadcast programs are required to be in compliance with PBS Redbook and Technical Operating Specifications (TOS), and production guidelines. These standards and guidelines are on the Internet at www.pbs.org/producers.

FUNDING REQUEST

Please consider this program for *Native Word: Stories Past and Present**: ☐ Yes ☐ No

*Refer to Priority in the Public Media Content Fund Guidelines.

Please select one:

☐ R&D (up to \$20k) ☐ Production (up to \$100k) ☐ Post-Production (up to \$100k) ☐ New Media (up to \$20k)

Total Budget (total cost of the completed program): \$ _____

Amount requesting from Vision Maker Media: \$ _____

Cash spent to date (if any): \$ _____ Cash secured (not yet spent): \$ _____

DETAIL STATUS OF PROJECT TO DATE

Approximately 50 words or less:

PROPOSAL REQUIREMENTS

Please submit nine (9) copies of each of the following, in this order:

- ☐ **Public Media Content Fund Application Form** (include at least one original)—Typed, signed and dated.
- ☐ **Project Description and Treatment**—Using the Vision Maker Media Criteria describe the project, (in 5 pages or less):
 - The story, its importance to Native communities, accuracy of content and relevancy.
 - How the story will be told: structure, theme, style, format and voice.
 - Target audiences and appropriateness for Public Broadcasting.
 - New Media and outreach plans.
 - Fundraising and completion plans including a list of secured and/or potential funding.
 - Native American participation in significant creative roles.
- ☐ **Detailed Timeline**
- ☐ **Key Personnel Summary**—List their names, addresses and positions. Include a half-page biography for each, and a signed letter of commitment. If there are mentorship or internship opportunities for emerging Native American talent, please describe.
- ☐ **Fund Raising**—Include a list of Potential Funding (the total of funding sources that could be requested; do not include your Vision Maker Media request) and Secured Funding (committed grants and funds). Include a summary of rights committed to funders.
- ☐ **Chain of Title**—if the project is based on a pre-existing work.
- ☐ **Work Sample Description**—Submit 6 DVD copies of work representative of the proposal's production style. Sample must demonstrate your technical skill and creative style. List date of production, program length, the role of production team members in the work, and its relationship to the project. If funding is for completion, send 6 DVD copies of work-in-progress. Samples will not be returned.
- ☐ **Project Budget**—A sample budget format is available on the web at www.visionmakermedia.org/handbook/budget_template_sample. Budgets must include both income and expense lines. If your project is funded, all financial reports must correlate back to the original budget amounts and categories.

SIGNATURE

I certify that all information contained herein, including all supporting material, is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____

Typed or Printed Name: _____

Please return to:

ATTN: Public Media Content Fund
Vision Maker Media
1800 N. 33rd St.
Lincoln, NE 68503

For more information, contact:

Georgiana Lee, Assistant Director
Phone: 402-472-0497
Email: georgiana.lee@unl.edu

Support for the Vision Maker Media Public Media Content Fund is provided by the Corporation for Public Broadcasting (CPB).