



GRANT GUIDELINES

Mail to: WFPF, c/o NYWIFT, 6 E. 39th Street, Suite 1200 NY, NY 10016
Tel: 212.679.0870 Fax: 212.679.0899 E-mail: info@nywift.org

Please submit the following by November 30, 2006

A) Cover sheet (attached)

B) 2-3-page letter including:

1. A brief description of the subject/content of the film;
2. Statement of the unique artistic, historic and/or educational value of the film;
3. Length, format and base of the film;
4. Background of the key creative women, including their other film works and their contribution to the art and industry of filmmaking;
5. Full credits, as available;
6. Whereabouts and present condition of the film;
7. Evidence that film elements are unique and have not already been preserved;
8. Preservation/restoration required;
9. Names and experience of persons responsible for the restoration;
10. Plans for making the film accessible after restoration.

C) Budget of estimated expenses, amount of this request, and plan for obtaining remaining funding.

D) Reviews and critiques of the film, if available.

E) *Individuals only:*

A letter from an established film archive or similar organization stating its ability and willingness to supply technical advice and expertise concerning the actual restoration/preservation of the film.

Individuals and Organizations lacking suitable storage facilities:

A letter from an established film archive or similar organization stating its ability and willingness to store the preserved material on deposit. (Upon request, the Women's Film Preservation Fund will suggest names of such archives to grantees who meet all other requirements).



COVER SHEET

Include this with your letter of request.

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APPLICANT:

Application date:

Name:

Address:

Telephone:

E-mail:

Amount of funding
requested:

FILM:

Title:

Date Made:

Running Time:

Format:

Color / B & W:

Name/s of woman artist/s:

Her/their creative roles:

Uniqueness:

Film's current location:

Nature of preservation
needed:

PRESERVATION LAB:

Name:

Contact:

Address:

Telephone:

E-mail:

STORAGE FACILITY:

Name:

Contact:

Address:

Telephone:

E-mail:

PROJECT MANAGER:

Name:

Technical background:

Address:

Telephone:

E-mail: