

FISCAL SPONSORSHIP - NEW PROJECT APPLICATION

APPLICATION FORM INSTRUCTIONS

An asterisk (*) indicates mandatory fields

A double plus (++) indicates the content that will be published on your film project page on our website if approved

ELIGIBILITY

Have you read the Eligibility Criteria for fiscal sponsorship with Documentary Australia?*
<input type="checkbox"/> Yes

ADMINISTRATOR INFORMATION

First Name*		Last Name*	
Address*			
City*		State*	Postcode*
Organisation / Company		Telephone*	
Email*			
Gender*			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Prefer not to say	
Do you identify as culturally and/or linguistically diverse?*			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as Aboriginal and/or Torres Strait Islander Origin?*			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	



DOCUMENTARY AUSTRALIA

FILM TEAM

PRODUCER'S DETAILS

One name only, further team members can be added below

First Name* ++		Last Name* ++	
Bio* ++ (1000 characters)			
Organisation / Company		Website	
City*	State*	Postcode*	
Telephone*			
Email*			
Gender*			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Prefer not to say	
Do you identify as culturally and/or linguistically diverse?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as Aboriginal and/or Torres Strait Islander Origin?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	



DOCUMENTARY AUSTRALIA

FILM TEAM

DIRECTOR'S DETAILS

One name only, further team members can be added below

First Name* ++		Last Name* ++	
Bio* ++ (1000 characters)			
Organisation / Company		Website	
City*	State*	Postcode*	
Telephone*			
Email*			
Gender*			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Prefer not to say	
Do you identify as culturally and/or linguistically diverse?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as Aboriginal and/or Torres Strait Islander Origin?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	



DOCUMENTARY AUSTRALIA

FILM TEAM

ADDITIONAL TEAM MEMBER'S DETAILS

First Name* ++		Last Name* ++	
Role ++			
<input type="checkbox"/> Director			<input type="checkbox"/> Producer
<input type="checkbox"/> Executive Producer			<input type="checkbox"/> Impact Producer
<input type="checkbox"/> Editor			<input type="checkbox"/> Other
Email*			
Gender			
<input type="checkbox"/> Male			<input type="checkbox"/> Female
<input type="checkbox"/> Non-binary			<input type="checkbox"/> Prefer not to say
Do you identify as culturally and/or linguistically diverse?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as Aboriginal and/or Torres Strait Islander Origin?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	

PROJECT DETAILS

Project Title* ++	
Production Stage* ++	
<input type="checkbox"/> Development	<input type="checkbox"/> Production
<input type="checkbox"/> Post-Production	<input type="checkbox"/> Completion
<input type="checkbox"/> Impact/Outreach	



DOCUMENTARY AUSTRALIA

PROJECT DETAILS CONT.

Production Type*		
<input type="checkbox"/> Feature documentary (75 minutes or over)	<input type="checkbox"/> Television (1 hour)	
<input type="checkbox"/> Short film (40 minutes or less)	<input type="checkbox"/> Documentary series	
<input type="checkbox"/> Web-series	<input type="checkbox"/> VR	
<input type="checkbox"/> Other (please specify)		
Episodes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of episodes?		
Short film version?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Length of short film in minutes?		
Length of production in minutes?* ++ (feature length or individual episode length if series)		
Project Hero Image* ++ (link)		
Project trailer or sizzle ++ (link)		
Password for project trailer or sizzle		
Is your project completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your project is completed – please provide us with a link to the screener		
Password for screener		

SOCIAL MEDIA (links)

Twitter ++	Instagram ++
Facebook ++	Youtube ++
Vimeo ++	Website ++



DOCUMENTARY AUSTRALIA

STORY & IMPACT

Synopsis* ++ (2000 characters)

Logline* ++ (120 characters)

What issue or need are you addressing?* ++ (1000 characters)

Creative treatment of the story (including narrative and key characters)* ++ (1000 characters)

Primary impact area* ++ (select one)

Environment

Health & Wellbeing

Human Rights & Social Justice

Indigenous

The Arts

Women & Girls

Youth & Education

STORY & IMPACT CONT.

Secondary impact area ++ (select up to two)	
<input type="checkbox"/> Environment	<input type="checkbox"/> Health & Wellbeing
<input type="checkbox"/> Human Rights & Social Justice	<input type="checkbox"/> Indigenous
<input type="checkbox"/> The Arts	<input type="checkbox"/> Women & Girls
<input type="checkbox"/> Youth & Education	
What topics does your documentary cover?*	
What is your impact vision statement?* ++ (1000 characters)	
What outcomes do you hope to achieve by making this documentary?* (multi-select)	
<input type="checkbox"/> Individual Change	<input type="checkbox"/> Organisational Change
<input type="checkbox"/> Community Change	<input type="checkbox"/> Systems Change
<input type="checkbox"/> Other	
Please provide more information on what you hope to achieve* ++ (1000 characters)	
Which audiences need to see your film to make change?*	



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STORY & IMPACT CONT.

What is your relationship and access to this community?* ++ (1000 characters)

Who benefits from your film?* (1000 characters)

Do you have a confirmed ____? (multi-select)

Broadcaster

Distributor

Streamer

Film Festival

Other

Who?

What if any calls to action will you have for your audiences?* ++ (1000 characters)

STORY & IMPACT CONT.

Do you have any film impact partners? (Note this refers to NGOs, Industry Bodies, Community Groups, Educational Partners, etc NOT Distributors or Production Companies)

Yes

No

Who? (separate by comma)

--

PROPOSED TIMELINE (DD-MM-YYYY)

Please identify when you will FINISH each stage. It is ok to approximate and to deviate from this timeline. It is to help track your progress.

Development*	Production*
Post-Production*	Completion*

PROPOSED TIMELINE

FUNDRAISING CAMPAIGN (DD-MM-YYYY)

Start-date*	End-date*

PROPOSED TIMELINE

IMPACT CAMPAIGN (DD-MM-YYYY)

Start-date*	End-date*

FUNDRAISING STRATEGY

What is the total budget of your project?

Development	\$	Production	\$
Post-Production	\$	Impact	\$
Total*	\$		

FUNDRAISING STRATEGY

Please identify your confirmed funding amounts.

Screen Agencies	\$	Government	\$
Corporate	\$	Philanthropy	\$
Crowd Funding	\$	Other	\$

FUNDRAISING STRATEGY

List your confirmed funders that you want shared on your project page here ++
(separate by comma)

Please select whether you want the amounts of other confirmed funding and your funder list above to be visible on your project page or not

Yes
 No

Please describe your fundraising strategy for your project through Documentary Australia* (1000 characters)

What is your fundraising goal through Documentary Australia?* ++

\$

FUNDRAISING STRATEGY CONT.

Campaign end-method*	
<input type="checkbox"/> Target date	<input type="checkbox"/> Target goal
<input type="checkbox"/> Never ends	
How did you hear about Documentary Australia?* (multi-select)	
<input type="checkbox"/> I have engaged with Documentary Australia before	
<input type="checkbox"/> Online search	<input type="checkbox"/> Industry body
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Documentary Australia Workshop
<input type="checkbox"/> Documentary Australia Event	<input type="checkbox"/> Industry event
<input type="checkbox"/> Documentary credit	<input type="checkbox"/> Other
Have you had an approved project with Documentary Australia before?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	
Which year?	
Project Title(s) (250 characters)	

BILLING INFORMATION

First Name*	Last Name*	
Organisation / Company	ABN*	
Address*		
City*	State*	Postcode*
Telephone*		
Email*		



When the application form is complete, please email Documentary Australia (below) to obtain an invoice to pay the \$165 Application Fee. Please note all applications must be received by COB close date and cannot be considered until Application Fee has been receipted.

If you are unable to enter this information into the online applications [portal](#), please SAVE a copy of this document before emailing to: annie@documentaryaustralia.com.au
CC: info@documentaryaustralia.com.au