



Supporting LGBTQ Inclusive Content Creators

## 2017 GRANT APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE/CELLPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

TITLE OF PRODUCTION: \_\_\_\_\_

\_\_\_\_\_

PRODUCER: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_

PLEASE DESCRIBE YOUR PRODUCTION IN ONE SENTENCE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CATEGORY OF ENTRY: \_\_\_\_\_

STAGE OF COMPLETION:  In Production  
 Assembly  
 Rough Cut  
 Fine Cut

Estimated Final Length: \_\_\_\_\_

Link to Work-in-Progress *(if production is not included on a flash drive or disc with submission forms):*

\_\_\_\_\_

Password (if needed): \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

We are requesting the voluntary submission of this information in order to evaluate if our goal of reaching a diverse LGBTQ community, including under-represented voices and allies, will have been met. Providing, or not providing, this information will not in any way prejudice our decision-making or judging process, as all demographic information will be separated out from the rest of the Grant Application once it is received, leaving only raw data with no personal identifiers (name, contact info, etc.).

**NOTE: APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER**

<b>GENDER IDENTIFICATION</b>	
<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Transgender Male
<input type="checkbox"/>	Transgender Female
<input type="checkbox"/>	Gender Non-Conforming
<input type="checkbox"/>	
<b>SEXUAL ORIENTATION</b>	
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Queer
<input type="checkbox"/>	Straight
<input type="checkbox"/>	
<b>ETHNICITY</b>	
<input type="checkbox"/>	Alaskan Native or Inuit
<input type="checkbox"/>	Asian Pacific Islander
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Caucasian/White
<input type="checkbox"/>	Latino/a or Hispanic
<input type="checkbox"/>	Middle Eastern or Arab
<input type="checkbox"/>	Multi-Ethnic American
<input type="checkbox"/>	Native American
<input type="checkbox"/>	South Asian
<input type="checkbox"/>	
<b>AGE</b>	
<input type="checkbox"/>	18 to 30
<input type="checkbox"/>	30 to 50
<input type="checkbox"/>	Over 50
<input type="checkbox"/>	
<b>NATIONAL ORIGIN</b>	
<input type="checkbox"/>	US Citizen
<input type="checkbox"/>	Non-US Citizen (if checked, please define country of origin below)
<input type="checkbox"/>	
<b>PERSON WITH A DISABILITY</b>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have you ever worked or interned for GLAAD? If yes, please describe responsibilities and dates.

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### Privacy Statement

Maintaining the privacy of applicants is important to us. We will only use your information for the purposes described within the grant program guidelines and materials, such as responding to your questions or notifying you with information concerning your entry. We do not sell any personal information to third parties. The grant initiative will never collect information or create individual profiles for commercial or marketing purposes.

### Release Statement

By submitting your grant application, you hereby authorize GLAAD to post information on winning grant recipients, including completed productions, in whole or in part, on its website, social media platforms, annual reports and informational materials, in order to promote the winning productions and the grants program.

Furthermore, at GLAAD's discretion, grant recipients automatically provide consent and agree to place the GLAAD "amplifier" logo and the grants logo,



as well as "Produced in association with **GLAAD**" on the final credits and within all promotional and advertising materials for the production. At press conferences and other live promotional events, GLAAD must be verbally acknowledged as a sponsor. These terms have no end date, and GLAAD has the right to amend this language at its sole discretion. If you have any questions regarding the forms and scope of acknowledgment, please contact us at: [GlaadGrantsInfo@glaad.org](mailto:GlaadGrantsInfo@glaad.org)

Finally, by affixing your signature to this application, you certify that all the information submitted within this application is accurate and verifiable.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please mail submissions to:

**GLAAD GRANTS 2017**  
5455 Wilshire Blvd., Suite 1500  
Los Angeles, CA 90036

**ENTRIES MUST BE RECEIVED AT GLAAD BY Saturday, April 15, 2017**