

CHERYL LYNN GAJADHAR FILM GRANT

APPLICATION

ORGANIZATION: CAROLINA FILM NETWORK SOCIETY (CFNS)

AMOUNT: \$2,000.00

OPENING DATE: 03/01/2021

CLOSING DATE: 04/30/2021

ANNOUNCEMENT OF RECIPIENT: 06/01/2021



DESCRIPTION:

CHERYL LYNN GAJADHAR WAS NOT ONLY A DISABLED MILITARY VETERAN WHO CONTINUED HER SERVICE THROUGH THE VETERANS ADMINISTRATION HOSPITALS AS A VENDOR FOR BLINDED VETERANS LIKE HER, SHE WAS ALSO A DEDICATED SUPPORTER OF THE ARTS. SO MUCH, IN FACT, THAT SHE WAS THE FIRST INDUCTEE IN THE HALL OF HONORS AT THE FREEDOM FESTIVAL INTERNATIONAL FILM FESTIVAL FOR THE VETERAN OF FREEDOM AWARD. HER CONTRIBUTIONS TO CAROLINA FILM NETWORK ARE THE REASONS WHY THIS ORGANIZATION EXISTS AS AN ACCREDITED 501(C)(3) NONPROFIT ORGANIZATION. ON THE EARLY MORNING OF DECEMBER 19, 2020, CHERYL GAVE HER LAST BREATH SERVING HER COMMUNITY AND SUPPORTING THIS ORGANIZATION DUE TO COVID-19. IN HER HONOR, AS SHE WOULD WANT HER LEGACY TO CONTINUE, WE AT CFN DEDICATE THIS FILM GRANT TO HER, WHERE ACTIVE CFNS MEMBERS IN GOOD STANDING CAN HAVE A CHANCE TO LET HER SPIRIT LIVE ON THROUGH THEIR WORK.

ELIGIBILITY AND REQUIREMENTS:

- MUST BE AN ACTIVE MEMBER OF CAROLINA FILM NETWORK FILM SOCIETY IN GOOD STANDINGS
- MUST ALLOCATE GRANT FUNDS TO THE PRODUCTION OF A FEATURE LENGTH OR SHORT FILM WITH A RUNTIME NO SHORTER THAN FIVE MINUTES
- FILM MUST BE REGISTERED ON IMDB AND IN PREPRODUCTION STATUS
- FINAL SCRIPT MUST BE SENT TO CFNS VIA .PDF FILE ALONG WITH THIS APPLICATION
- FILM MUST BE COMPLETED BY 12/31/2021 WITH PRIVATE SCREENER LINK SUBMITTED TO CFNS VIA YOUTUBE/VIMEO
- SCREENER LINK TO FINAL TRAILER MUST BE SUBMITTED TO CFNS NO LATER THAN 12/31/2021 VIA YOUTUBE/VIMEO WITH FILM RELEASE DATE
- MUST AGREE TO GIVE PERMISSION FOR CFNS TO SCREEN TRAILER AT ANNUAL CAROLINA FILM NETWORK AWARDS (CFNAS)

- MUST AGREE TO BE INTERVIEWED BY CFNS FROM THE DATE OF ANNOUNCEMENT OF AWARD TO ONE YEAR FOLLOWING THE ANNUAL CFNAS SCREENING

- MUST COMPLETE APPLICATION FORM

APPLICANT NAME: _____

MEMBERSHIP ID NUMBER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PRODUCTION TITLE: _____

PRODUCTION LENGTH: _____

PRINCIPAL PHOTOGRAPHY DATE: _____

FILM SYNOPSIS:

ONSCREEN CREW LIST:

NAME	POSITION	EMAIL

TOP BILLED CAST:

NAME	CHARACTER	EMAIL

REASON WHY APPLYING FOR GRANT:

SPECIFIC ALLOCATIONS OF POTENTIAL GRANT FUNDS:

SIGN: _____

PRINT: _____

DATE: _____