

FDAP FORM 1-B

FESTIVAL DEVELOPMENT ASSISTANCE PROGRAM (FDAP)
REAPPLICATION FOR PREVIOUS GRANTEE

I. PROPONENT'S INFORMATION		
Name of Proponent:		Organization:
Official Address:		
Contact Details:		
(Organization's Email Address)	(Telephone)	(Mobile)
Festival Director / Officer-in-Charge:	Email Address:	Mobile:
National Registry for Events and Film Festivals (NREF) number:		
II. NATURE OF REQUEST		
<div><div><input type="checkbox"/> Financial Assistance</div><div><input type="checkbox"/> FDCP Ratings and Permits</div><div><input type="checkbox"/> Optical Media Board (OMB) Clearance</div><div><input type="checkbox"/> Cine Lokal Theatres<div><div><input type="checkbox"/> For Screening</div><div><input type="checkbox"/> For Workshops / Talks</div></div></div><div><input type="checkbox"/> Virtual Screening Venue: FDCP Channel</div><div><input type="checkbox"/> Film Education Component<div><div><input type="checkbox"/> Resource Speaker/s<div>Topic/s: _____</div></div><div><input type="checkbox"/> Workshop Facilitator<div>Topic/s: _____</div></div></div></div><div><input type="checkbox"/> Others (Please specify): _____</div></div>		
III. FESTIVAL PROFILE		
Festival Name:		
Festival Date/s:		
Festival Background: (Provide a timeline of previous festival editions, highlighting each year's theme and activities.)		
Program Objectives:		
1.		
2.		
3.		

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IV. PLAN FOR THE UPCOMING FESTIVAL (How will the latest edition be different from the previous editions? Provide the proposed program or schedule of activities.)		
Program Objective	Action/Activity	Key Performance Indicator
V. BUDGET PROPOSAL / ALLOCATION (If requesting for financial assistance, please provide a detailed breakdown of the budget.)		
Particulars	Purpose	Amount
TOTAL		

PRIVACY POLICY NOTICE

All data collected is kept for record and its corresponding service purposes only in order to accommodate your request accordingly. The information you have provided in this form shall remain confidential and will not be shared to any third party without your free, prior and informed consent. Should a sharing of your Personal Information data be deemed necessary, FDCP will inform you and ask for your corresponding written consent prior to the sharing. Should you wish to check or change the Personal Information you have provided, you may contact Ms. Cape Quesie Cañaverall. This Privacy Policy is subject to governmental regulations under the Data Privacy Act.

☐ I hereby certify that the above information provided voluntarily are true and correct and that I have read and agreed with the Privacy Policy Notice.

Prepared and submitted by:

NAME AND SIGNATURE

DATE