



REENTRY National Media Outreach Campaign BORDERLINE Application Form

Please send my copy in VHS or DVD format.

Final reports must be submitted within 30 days of screening activity

Visit the Reentry Web site at: www.reentrymediaoutreach.org

Contact Person

Title	Organization
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Address

City	State	ZIP Code
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Phone	Fax	E-mail
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Type of Organization:

- | | |
|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Nonprofit (Service-based) |
| <input type="checkbox"/> Government | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Nonprofit (Policy-based) | <input type="checkbox"/> Other _____ |

Utilization Plan

My film utilization plan is described below. I agree to submit a final Usage Report no more than 30 days after completion of my activities.

Please check the following, as appropriate:

- Host a screening event or reentry workshop for clients, board members, and other constituencies
- Hold a special retreat for ministerial staff or members of your congregation
- Host a screening and panel discussion for partners, elected officials, and other community stakeholders
- Host a community event, using the videotape to stimulate discussion to inform, persuade, and educate
- Conduct a workshop or keynote event at a professional association meeting and/or conference
- Present to students and/or staff for discussion and action planning
- Other

Briefly describe how you plan to use the video, including your target audiences, type of event/venue, timeline, purpose, and the outcomes you hope to achieve. SEND AS AN ATTACHMENT TO THIS DOCUMENT.

Date(s) of event(s) _____ Number of participants _____
 Date Usage Report will be submitted _____

Please return this completed form to Sally Turner
Fax: 401.780.2290 ■ Tel: 401.780.2255 ■ E-mail: Sally@reentrymediaoutreach.org

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The Annie E. Casey Foundation**