



Maximum Impact Media, Inc.

- We help low income or limited resourced individuals, organizations, and businesses have access to media education and services.
- Students have an alternative education for workforce development
- We love supporting talented, emerging artists who lack the technical skills and funds for media services and products

For internal use only:

_____ :Date received

_____ : Date approved

APPLICATION FOR SERVICES OR EDUCATION

Contact information	
Contact person:	Title:
Individual, Business, or Organization name:	
Street:	Apt/Ste: County:
City:	State: Zipcode:
Home Tel #: (____) ____ - ____	Fax #: (____) ____ - ____ Cell #: (____) ____ - ____
Work Tel #: (____) ____ - ____	Other Tel #: (____) ____ - ____
Website:	Facebook:
Email:	
Preferred method of contact, time(s), and day(s)	

BUSINESS OR ORGANIZATION'S PURPOSE & OPERATION

Mission Statement or Purpose(s) of Organization or Business:

Activity(ies) of Organization or Business:

Number of employees _____ Annual Gross Revenue \$ _____ K EIN: _____
 NAICS code: _____ (from SBA size standard table) MD ID: _____

Type of Organization or Business (check all that apply): Education Vocational Family/Children Youth Orphan/Victim
 Arts, Graphics, and/or Music Religious Neighborhood Assoc. Community Dev. Seniors Disabilities Veteran
 Nonprofits: 501 c __ (number, 1-27) __ (letter, d or e) 501(c)(3)(a) __ (number 1-4) 501(c)(3) Foundation Foundation
 Other: (describe) _____

BUSINESS, BOARD, AND MEMBER INFORMATION (if applicable)	
CEO/President/Director name: _____ VP/Asst. Director name: _____	Business type: <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> P.C. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____
CFO/Treasurer name: _____	Owner ('s)(s') name(s): _____
Sec'y name: _____	Number of members or people served: _____
Resident agent name: _____ Address: _____	Type of 990 filed with the IRS: _____
Other Officers: _____ _____	

Individual Applicant for Services	
Employer, School, or Kolllel name and address: _____	Profession: <i>(describe below)</i> _____
Name: _____	_____
Street: _____	<input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Kolllel <input type="checkbox"/> F/T student
City: _____ State: _____ Zipcode: _____	

Type of Services Needed	
What category of media service? (check all that apply):	
<input type="checkbox"/> Event <input type="checkbox"/> Performances <input type="checkbox"/> Media Services <input type="checkbox"/> Media Products <input type="checkbox"/> Education (see above)	
Describe the assistance you are seeking in as much detail as possible: _____	

Which media? (check all that apply): <input type="checkbox"/> Video <input type="checkbox"/> 3D Video <input type="checkbox"/> Audio <input type="checkbox"/> Photo <input type="checkbox"/> Web <input type="checkbox"/> VR <input type="checkbox"/> 2D or <input type="checkbox"/> 3D graphics	
<input type="checkbox"/> 2D or <input type="checkbox"/> 3D animation <input type="checkbox"/> Games <input type="checkbox"/> Print <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> Blu-ray <input type="checkbox"/> Streaming	
Other : describe below	
What location? (check all that apply):	
<input type="checkbox"/> Live <input type="checkbox"/> Studio Probable date(s) and live or non-Maximum Impact Media, Inc. location(s): _____	

What action have you taken so far to obtain service(s)? For example, what other quotes have you received and from whom (provide a copy of any quotes) _____	

Are there any upcoming relevant deadlines, or meetings? (If so, please provide the dates and details):	

How did you hear about Maximum Impact Media, Inc.?	
<input type="checkbox"/> Current or Former Client Who? _____ <input type="checkbox"/> Poster <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram	
<input type="checkbox"/> Newspaper article Paper and date _____ <input type="checkbox"/> Ad Where? _____ <input type="checkbox"/> Erev Directory <input type="checkbox"/> Goodbook	
<input type="checkbox"/> Referral from another organization Who? _____	
<input type="checkbox"/> Other: _____	
PLEASE ATTACH ADDITIONAL PAGES WHERE NEEDED. WRITE OR TYPE LEGIBLY.	

AFFIDAVIT OF INDIVIDUAL OR GROUP ELIGIBILITY, AUTHORIZATION, RELEASE & VERIFICATION
 All applicants must complete the affidavit of group eligibility. Please read the information below carefully.

Application Information: I hereby authorize Maximum Impact Media, Inc. and its agents and employees to verify, disclose and make copies of any and all information provided in this application in the course of determining eligibility and in securing services.

Release: I hereby release any person or entity complying with this authorization from any and all claims relating to the disclosure of any such information and documents.

Acknowledgment: I hereby authorize Maximum Impact Media, Inc. and its agents and employees to (without disclosure of my personal or financial information):

- use non-identifying information regarding my application for services and the services that I receive.
- use my name, project information/images, and my photo/likeness on their website, social media, and any other promotional purpose that services its mission
- submit my application information for review by any educational, financial, or governmental institution
- submit my application information for inclusion in a grant or fundraising application.
- use any products created through services or education to me for fundraising goals without future compensation or royalties
- use my services for fulfilling their mission if I obtain any education
- use my services as per any separate agreement made with my own educational institution if I am an intern.

Validity: A copy of this authorization shall be as valid as the original

By preparing and submitting this form:

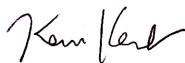
- I certify that the applicant named below decided to secure the services or education described in this application.
- I am authorized to represent the individual(s), business, or organization in securing the services of, education at, and/or working with Maximum Impact Media, Inc.
- I agree to meet all requests for further information from Maximum Impact Media, Inc. and/or any assigned representative, agent, or employee in a timely, ethical, and professional manner.
- I agree to contact Maximum Impact Media, Inc. promptly upon notification of my eligibility.
- I agree to make any and all required payments according to any timeline and terms given me.
- I understand that I may **not** be eligible for services from Maximum Impact Media, Inc., a 501(c)(3) organization, and I understand that I may be referred to a commercial provider who may donate a tax-deductible portion of their profit to Maximum Impact Media, Inc. OR I can obtain services Maximum Impact Media, Inc. at rates for ineligible applicants
- I understand that it is my responsibility to convey the information from this form and any relevant information to any possible representative, owner, partner, spouse, domestic partner, attorney, Officer, organizational board or member, even if omitted from this application.

I understand that the application fee is **non-refundable** and is used to defray administrative costs of processing this application.

Print name:

Date:

Sign name:



Maximum Impact Media, Inc. agent or representative signature:

- Use additional pages where needed
- Keep a copy of this application for your files
- By completing and submitting this application, the applicant acknowledges that it has read and understands the instructions and overview of the Maximum Impact Media, Inc. application process

Return completed application to:

Kevin Kent, President
 Maximum Impact Media, Inc.
 Email: akiva@4themax.com or mim.execdir@gmail.com
 7366 Park Heights Avenue
 Baltimore, MD 21208
 Tel: 443-453-8767

Financial certification

I hereby certify that, to the best of my knowledge, the individual, business, or organization listed above has no practical means of obtaining funds and/or is limited in its technical ability to retain commercial services, or perform the service themselves.
Please check the first category that applies:

has a **Board of Directors** or a **membership** that is primarily composed of persons that are at or below the income guidelines in the Family Income Limits table

is an organization that provides services to persons that are at or below the income guidelines in the Family Income Limits table

Use IRS classification for religious / educational organizations:

is a religious organization

is an educational organization or institution

is a religious educational organization or institution

is a business or creative business such as musicians, artists, etc. that is: *(check all that apply)*

CREATIVES: emerging export ready exporting

BUSINESS:

startup established distressed

socially and/or economically disadvantaged

DBE (certified Disadvantaged Business Enterprise)

MBE (certified Minority Business Enterprise)

SBE (certified Small Business)

Small business (use SBA size-table standards)

has limited technical resources

has a gross income that is at or below the income guidelines in the Family Income Limits table

predominantly provides services to persons that are at or below the income guidelines in the Family Income Limits table

is an **individual** that has a gross income that is at or below the income guidelines in the Family Income Limits table

Family Income Limits			
50% of Maryland Median Family Income (7/1/17 – 6/30/18)			
<i>Obtained by permission from the Community Law Center, Baltimore MD</i>			
Family size	Annual Income	Monthly income	Weekly income
1	\$ 28, 610	\$ 2, 384	\$ 550
2	\$ 37, 413	\$ 3, 118	\$ 719
3	\$ 46, 216	\$ 3, 851	\$ 889
4	\$ 55, 019	\$ 4, 585	\$ 1, 058
5	\$ 63, 822	\$ 5, 319	\$ 1, 227
6	\$ 72, 625	\$ 6, 052	\$ 1, 397
7	\$ 74, 276	\$ 6, 190	\$ 1, 428
8	\$ 75, 926	\$ 6, 327	\$ 1, 460
9	\$ 77, 577	\$ 6, 465	\$ 1, 492
10	\$ 79, 227	\$ 6, 602	\$ 1, 524

Print name: _____ **Date:** _____

Sign name: _____ **Title:** _____

- Use additional pages where needed
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Return completed application to:
 Kevin Kent, President
 Maximum Impact Media, Inc.
 Email: akiva@4themax.com or mim.execdir@gmail.com
 7366 Park Heights Avenue
 Baltimore, MD 21208
 Tel: 443-453-8767

Application fee

- A **nonrefundable** application fee (one fee for each application) is due upon submission of this form.
- Please pay in cash, check (\$35 insufficient fund fee / financial institution), PayPal (4themax.org), bank-to-bank transfer.
- No services or education will be available until this application fee is confirmed and the application is processed.
- **What does the application fee cover and why is it nonrefundable?** Upon receipt of an application, a staff member reviews the application, creates a file, answers initial application questions, conducts a conflict of interest analysis, determines additional information required, requests the additional information, and follows up on those requests. The fee is nonrefundable because Maximum Impact Media, Inc. conducts these activities even if a client later decides not use the service or education, finds another provider, or the applicant is ineligible.
- The application fee is not meant to be a barrier to services. If you, the business, or organization cannot afford the full* application fee, a reduced fee may be considered in limited circumstances.

An **Individual or business** that has a gross income that is at or below the income guidelines in the Family Income Limits table.

An **organization** that has a Board of Directors or a membership that is primarily composed of persons that are at or below the income guidelines in the Family Income Limits table.

An **organization or business** that provides services to persons that are at or below the income guidelines in the Family Income Limits table.

A distressed **business** (financial documents required).

Businesses that are DBE, SBE, or MBE (certification required).

\$100

START-UP MATTERS FOR NEW ORGANIZATIONS OR BUSINESSES

For new organizations or businesses the application fee is based on the size of the organization's projected budget each year over the next three years unless the organization or business qualifies above.

Does the organization anticipate that its annual gross receipts will exceed \$50,000 in any of the next 3 years?

- If no, the application fee is \$275
 - If yes, the application fee is \$400. A draft of the full Form 1023 must be submitted.

Application fee amount (internal use only)

\$ _____

PROJECTED GROSS REVENUE FOR CURRENT FISCAL YEAR OF EXISTING BUSINESSES AND ORGANIZATIONS	APPLICATION FEE* FOR THOSE APPLICATIONS OTHER THAN THOSE LISTED ABOVE
\$0 – 2,499	\$100
\$2,500 – 9,999	\$125
\$10,000 – 19,999	\$155
\$20,000 – 39,999	\$180
\$40,000 – 59,999	\$200
\$60,000 – 79,999	\$220
\$80,000 – 99,999	\$240
\$100,000 – 149,999	\$260
\$150,000 – 199,999	\$280
\$200,000 – 249,999	\$300
\$250,000 – 299,999	\$320
\$300,000 +	\$350 + hourly rates may apply

- Fees:** In addition to the application fee, there is a fee for service or education based on the Maximum Impact Media, Inc. rate table.
- These rates are discounted compared to trade rates, so as to not violate IRS commerciality rules and complete our mission.
 - Some services require no further fees due to subsidy by fundraising campaigns
 - The client individual, business, or organization is responsible for this fee, and other related expenses, e.g. venue and equipment rental, travel, materials, independent contractors, etc. unless included in the service, or waived.

ORGANIZATIONAL DOCUMENTS AND ATTACHMENTS

- The following documents are required to be submitted with the application.
- If the document is not available, please explain below.
- Applications will not be complete until all documents are submitted.
- Depending on the service, additional documents may be required.
- If you believe the information requested is already on file at Maximum Impact Media, Inc., please indicate that below.

For first time business or organization applicants only – required documents and attachments:

- Completed application
- Application fee
- List of Board of Directors, Executives, or Owners including contact information
- Budget for the current year
- Business plan or narrative description of the business or organizations past, present, and planned activities, funding, and budget
- SBE, DBE, MBE certification documents

For previous applicant businesses and organizations – required documents and attachments:

- Completed application
- Application fee
- IRS 990 OR Audited Financial Statement or Financial Review
- Fiscal sponsorship agreement, if the organization is sponsored by another organization

(if different from what is on file):

- List of Board of Directors, Executives, or Owners including contact information
- Budget for the current year
- Business plan or narrative description of the business or organizations past, present, and planned activities, funding, and budget

For individual applicants:

- Completed application
- Application fee

If any of the required documents are unavailable, please explain: _____
