



UBCP/ACTRA

FOR OFFICE USE ONLY:

- APPLICATION AOS STUNTS AGREEMENT
- BUDGET WORKSAFE STC/STP PERFORMER FORMS
- SCRIPT MINORS STC RESUME FINAL CAST LIST
- CAST LIST NUDITY DESCRIPTION GENDER & DIVERSITY
- CREW LIST TRAVEL CGL ENTERED: AMS E-BOARD
- CSP ACTSAFE
- CSP CHECKLIST

MEMBER PRODUCED ULTRA-LOW BUDGET APPLICATION FORM	
FEATURE <input type="checkbox"/> SHORT FILM <input type="checkbox"/> WEB SERIES <input type="checkbox"/> OTHER _____	
PRODUCTION TITLE:	
PRODUCTION COMPANY:	
ADDRESS:	
PHONE #:	FAX #:
EMAIL:	
SHOOT DATES: START:	END:
PRODUCER:	DIRECTOR:
PRODUCER UNION MEMBER #:	
PRODUCTION LENGTH:	
INTENDED USE:	
TOTAL PRODUCTION CASH COSTS : \$ _____	
<small>Please attach a copy of the budget which declares all cash payments and donations. All "in kind" donations do not form part of the total production cash cost but the known or estimated value of the donations are to be noted in a separate column on the budget.</small>	
PRE-SALES / DISTRIBUTION:	
FUNDING SOURCES:	
ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES <input type="checkbox"/> NO <input type="checkbox"/>	
NUMBER OF SCHEDULED STUNT DAYS:	STUNT COORDINATOR:
<small>Productions that have Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.</small>	
NUDE SCENES: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, names of any Performers performing nude:	
MINORS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please list names and age:	
PLEASE ATTACH THE FOLLOWING: SCRIPT <input type="checkbox"/> CAST LIST <input type="checkbox"/> CREW LIST <input type="checkbox"/> BUDGET <input type="checkbox"/>	
I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE	
COMMENTS & QUESTIONS:	

Please return attn: Ultra Low Budget Program Administrator #300-380 West 2nd Street, Vancouver, BC V5Y 1C8
Fax: 604 689-1145 Phone: 604 689-0727 Email: ULBProgram@ubcp.com