



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

ULTRA-LOW BUDGET APPLICATION FORM

FEATURE SHORT FILM WEB SERIES OTHER _____

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

*PRODUCER:

*DIRECTOR:

PRODUCTION LENGTH:

INTENDED USE:

TOTAL PRODUCTION CASH COSTS : \$ _____

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.

PRE-SALES / DISTRIBUTION:

FUNDING SOURCES:

ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES NO

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions that have Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.

NUDE SCENES: YES NO

If yes, names of any Performers performing nude:

MINORS: YES NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT CAST LIST CREW LIST BUDGET

I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE

COMMENTS & QUESTIONS: