

FOR OFFICE USE ONLY:

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|--------------------------------------|-----------------------------------|--------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> APPLICATION | <input type="checkbox"/> AOS | STUNTS | <input type="checkbox"/> AGREEMENT |
| <input type="checkbox"/> BUDGET | <input type="checkbox"/> WORKSAFE | <input type="checkbox"/> STC/STP | <input type="checkbox"/> PERFORMER FORMS |
| <input type="checkbox"/> SCRIPT | <input type="checkbox"/> MINORS | <input type="checkbox"/> STC RESUME | <input type="checkbox"/> FINAL CAST LIST |
| <input type="checkbox"/> CAST LIST | <input type="checkbox"/> NUDITY | <input type="checkbox"/> DESCRIPTION | <input type="checkbox"/> GENDER & DIVERSITY |
| <input type="checkbox"/> CREW LIST | <input type="checkbox"/> TRAVEL | <input type="checkbox"/> CGL | ENTERED: <input type="checkbox"/> AMS <input type="checkbox"/> E-BOARD |

40 UNDER INDIE- 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:

LENGTH OF PRODUCTION (minutes):

INTENDED USE:

TOTAL PRODUCTION CASH COSTS (Must be \$40,000 or under): \$ _____

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 amount 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:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATIONS: YES NO

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

PERFORMERS RECEIVING COMPENSATION: 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: