

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 |

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: PRODUCER UNION MEMBER #:	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 <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:
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 <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 Ave, Vancouver, BC V5Y 1C8
Fax: 604 689-1145 Phone: 604 689-0727 Email: ulbprogram@ubcpactra.ca**