

WASHINGTON FILMWORKS FUNDING ASSISTANCE APPLICATION FOR COMMERCIALS

The following documents must come attached to this application:

- Story or Shooting Boards
- Budget – line item budget clearly marked to indicate projected in-state qualified expenditures and qualified non-resident labor if applicable see our full Guidelines & Criteria on our website for eligibility
- Advertising Agency Award Letter – that indicates the amount of funds the agency is awarding
- Producer’s Letter of Intent – explain how your project contributes to the growth and development of the Washington State film industry

AGENCY INFORMATION

NAME OF COMPANY: _____

NAME OF PARENT COMPANY (if applicable) _____

TYPE OF BUSINESS ENTITY (i.e., LLC, partnership, etc.): _____

PERMANENT MAILING ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

FEDERAL EMPLOYER ID #: _____

WASHINGTON UNIFORM BUSINESS IDENTIFIER # (if applicable) _____

PRODUCTION COMPANY INFORMATION

NAME OF PRODUCTION COMPANY: _____

NAME OF PARENT COMPANY (if applicable) _____

TYPE OF BUSINESS ENTITY (i.e., LLC, partnership, etc.): _____

PERMANENT MAILING ADDRESS: _____

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CONTACT NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

FEDERAL EMPLOYER ID #: _____

WASHINGTON UNIFORM BUSINESS IDENTIFIER # (if applicable) _____

APPLICANT INFORMATION (Applicant is the client of record)

IS THE APPLICANT THE PRODUCTION COMPANY OR THE AGENCY LISTED ABOVE?

Production Company

Agency

HAS THE APPLICANT WORKED IN THE STATE OF WASHINGTON PREVIOUSLY?

Yes

No

CONTACT NAME: _____

COMPANY: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

PRODUCTION AGREEMENT SIGNATORY (IF DIFFERENT THAN ABOVE):

_____ TITLE _____

TYPE OF PRODUCTION

Check all that apply to this production:

- National Commercial
 - Regional Commercial (Northwest)
 - Regional Commercial (Other)
 - Public Service Announcement
 - Web Only
 - Kiosk or In-Store Promotion
-

SHOOTING FORMAT: _____

PROJECT INFORMATION

PRODUCT: _____

OF COMMERCIALS BEING PRODUCED DURING PRODUCTION PERIOD: _____

BRIEF SYNOPSIS: _____

MAIN WASHINGTON LOCALES: _____

ESTIMATED NUMBER OF HIRES: *Please see the current Guidelines & Criteria found on our website for requirements surrounding Qualified Non-Resident labor.

	Washington Resident	*Qualified Non-Resident (If Applicable)	Remaining Non-Resident	Total Hires in Washington
PRINCIPAL CAST				
DAY PLAYERS				
ATL – NOT INCL CAST (eg: Writers, Producers, etc)				
EXTRAS				
CREW				
POST PROD				

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ESTIMATED WORKER DAYS: Worker Days are calculated by multiplying the number of workers by the number of days they are scheduled to work. (e.g.: 5 crew scheduled to work 10 days is 50 worker days.)

*Please see the current Guidelines & Criteria found on our website for requirements surrounding Qualified Non-Resident labor.

	Washington Resident	*Qualified Non-Resident (If Applicable)	Remaining Non-Resident
PREP			
SHOOT/WRAP			
POST			

PRODUCTION SCHEDULE

	Total for Project	In Washington State
NUMBER OF SHOOT DAYS		
PRE-PRODUCTION DATES mm/dd/yy-mm/dd/yy		
START DATE FOR PRINCIPAL PHOTOGRAPHY		
EXPECTED WRAP DATE		
POST-PRODUCTION DATES mm/dd/yy-mm/dd/yy		

KEY PERSONNEL ASSOCIATED WITH THIS PRODUCTION

DIRECTOR: _____
Washington Resident? Yes No

PRODUCER(S) _____

Of the producers listed above, how many are Washington Residents? _____

PRODUCTION SUPERVISOR OR COORDINATOR: _____
Washington Resident? Yes No

DIRECTOR OF PHOTOGRAPHY: _____
Washington Resident? Yes No

PRODUCTION DESIGNER/ART DIRECTOR: _____
Washington Resident? Yes No

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LOCATION MANAGER: _____
Washington Resident? Yes No

CASTING DIRECTOR: _____
Washington Resident? Yes No

ON CAMERA TALENT: _____

Of the cast listed above, how many are Washington Residents? _____

QUALIFIED NON-RESIDENT POSITIONS (If Applicable)

If the production believes they will qualify for a return on Non-Resident labor please list the anticipated qualified Non-Resident positions below.

BUDGET INFORMATION

	TOTAL BUDGET	WASHINGTON SPEND	Qualified Non-Resident Labor (If Applicable)
PRE-PRODUCTION			
PRODUCTION			
POST PRODUCTION			
TOTAL			

WASHINGTON QUALIFIED IN-STATE SPEND

Please list projected WASHINGTON expenditures by category. Only salaries/wages paid to Washington residents, and expenditures paid to Washington based companies, organizations, and individuals may be listed.

ABOVE THE LINE WAGES/SALARIES: _____

BELOW THE LINE WAGES/SALARIES: _____

HEALTH & RETIREMENT BENEFITS: _____

LODGING: _____

CATERING: _____

LOCATION FEES: _____

SET CONSTRUCTION: _____

STUDIO RENTAL: _____

QUALIFIED TRAVEL: _____

EQUIPMENT RENT/PURCH: _____

MISC. RENT/PURCH: _____

IN-STATE POST PRODUCTION: _____

EXPENDABLES: _____

CONTRACTED SERVICES: _____

OTHER: _____

QUALIFIED NON-RESIDENT LABOR (IF APPLICABLE)

Please include labor expenses for Qualified Non-Resident Labor ONLY. Please see the current Guidelines & Criteria found on our website for requirements surrounding Qualified Non-Resident labor.

BELOW THE LINE NON-RESIDENT WAGES/SALARIES: _____

HEALTH & RETIREMENT BENEFITS NON-RESIDENTS: _____

FINANCING

HAS THE JOB BEEN AWARDED BY THE ADVERTISING AGENCY? Yes No

HAVE YOU RECEIVED AN AWARD OR FUNDING ASSISTANCE FROM, APPLIED TO, OR INTEND TO APPLY TO ANY OTHER STATE OR FEDERAL FUNDING INCENTIVE PROGRAMS FOR THIS PROJECT? Yes No

IF YES, PLEASE LIST HERE: _____

BENEFITS CRITERIA

HAVE ARRANGEMENTS BEEN MADE TO PAY INDUSTRY STANDARD PAYMENTS FOR APPROVED HEALTH AND RETIREMENT PLANS FOR ALL PERSONS TYPICALLY COVERED BY COLLECTIVE BARGAINING AGREEMENTS? Yes No

HAS THIS PRODUCTION SIGNED OR INTEND TO SIGN UNION CONTRACTS OR IS IT NON-UNION (PLEASE CIRCLE ONE) : UNION NON-UNION

IF UNION, PLEASE INDICATE BELOW WHICH UNION CONTRACTS HAVE OR WILL BE SIGNED: WGA DGA SAG/AFTRA IATSE TEAMSTER

OTHER (PLEASE LIST): _____

IF YOUR PROJECT DOES NOT INTEND TO SIGN AGREEMENTS WITH UNIONS, PLEASE
DETAIL HOW THE PRODUCTION WILL MAKE REQUIRED HEALTH & RETIREMENT
BENEFIT PAYMENTS FOR ANY POSITIONS WF CONSIDERS TYPICALLY COVERED BY
A COLLECTIVE BARGAINING AGREEMENT:

CERTIFYING SIGNATURE

Washington Filmworks reserves the right to cancel funding if in its sole judgment it appears the production will not take place in a timely manner, or that the applicant has not shown good faith in its scheduling, or made material misrepresentations in its application packet.

Applicant acknowledges that funding assistance is at the sole discretion of Washington Filmworks and the organization reserves the right to deny funding for any expense not directly related to in-state production costs or for any expense that is not a qualified expenditure as defined by the guidelines and criteria.

By signing this document you understand and agree to abide by the rules and criteria established by Washington Filmworks.

I hereby affirm that I am authorized to sign on behalf of the applicant production company described above and that all information contained on this application is true and correct, and further affirm that any items for which the applicant is seeking a rebate are intended for the exclusive use as an integral part of the pre-production, production, or post-production filming activities engaged in the State of Washington.

AUTHORIZED REPRESENTATIVE'S PRINTED NAME

TITLE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

This Washington Filmworks Funding assistance Application is not complete until it has been signed and mailed with all necessary supporting documentation. Please send your complete package to: Washington Filmworks, 1411 Fourth Avenue, Suite #420, Seattle, Washington 98101 or email to amy@washingtonfilmworks.org
