

WASHINGTON FILMWORKS MOTION PICTURE AND EPISODIC SERIES FUNDING ASSISTANCE APPLICATION

The following documents must come attached to this application:

- **Script** – a shooting script (i.e., the version that is submitted to insurance company prior to the start of production)
- **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
- **Finance Plan** – a full description of how the project will be financed
- **Proof of Funding** – documentation demonstrating that the funds are secured (i.e. bank statements, written confirmation from financier, or other agreed upon documentation)
- **Producer's Letter of Intent** – explain how the project contributes to the growth and development of the Washington State film industry

APPLICANT INFORMATION

NAME OF PRODUCTION COMPANY: _____

PERMANENT MAILING ADDRESS: _____

NAME OF PARENT COMPANY (if applicable) _____

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

PRODUCTION COMPANY CONTACT (i.e., production agreement signatory)

NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

FEDERAL EMPLOYER ID #: _____

WASHINGTON UNIFORM BUSINESS IDENTIFIER # (if applicable) _____

PRODUCTION AGREEMENT SIGNATORY (IF DIFFERENT THAN ABOVE):

_____ TITLE _____

TYPE OF PRODUCTION

- Feature Film
- Feature Length Documentary
- Episodic Series (if so, number of episodes _____)
- Movie Of the Week Television
- Mini-series Television
- TV Commercial (**please stop** and use the specialized TV Commercial Application)

SHOOTING FORMAT

PROJECT INFORMATION

WORKING TITLE: _____

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. (eg: 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		

ARE THERE DISTRIBUTION PLANS IN PLACE FOR THIS PROJECT? Yes No

IF YES, PLEASE DESCRIBE: _____

WILL YOU MAKE THIS PRODUCTION AVAILABLE FOR A WORLD / U.S. PREMIERE IN WASHINGTON STATE? Yes No

KEY PERSONNEL ASSOCIATED WITH THIS PRODUCTION

DIRECTOR: _____
Washington Resident? Yes No

EXECUTIVE
PRODUCER: _____
Washington Resident? Yes No

PRODUCER(S) _____

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

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UNIT PRODUCTION MANAGER: _____
Washington Resident? Yes No

DIRECTOR OF PHOTOGRAPHY: _____
Washington Resident? Yes No

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

LOCATION
MANAGER: _____
Washington Resident? Yes No

PRINCIPAL CAST: _____

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.

COMPLETION BOND COMPANY

WILL THIS PROJECT HAVE A COMPLETION BOND YES NO

IF YES, THEN:

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

BOND APPROVED? Yes No

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 FUNDING BEEN SECURED FOR THE FULL BUDGET OF THIS PROJECT AS PRESENTED IN THE APPLICATION? 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.