

**WASHINGTON FILMWORKS
COMMERCIAL FUNDING ASSISTANCE APPLICATION**

The following documents must come attached to this application:

- Story or Shooting Boards
- Budget – line item budget to include projected in-state qualified expenditures
- Advertising Agency Award Letter
- Producer’s Letter of Intent –explain how your 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: _____

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

PRODUCTION COMPANY CONTACT

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

FEDERAL EMPLOYER ID #: _____

UNIFORM BUSINESS IDENTIFIER #: _____

PRODUCTION AGREEMENT

SIGNATORY (if different than above): _____

TYPE OF PRODUCTION

- Public Service Announcement
- Regional Commercial

National Commercial

phone 206 264 0667
fax 206 382 4343

SHOOTING FORMAT

35mm 16mm Large Format HD HD Video

PROJECT INFORMATION

PRODUCT: _____

BRIEF SYNOPSIS: _____

MAIN WASHINGTON LOCALES: _____

ESTIMATED NUMBER OF WASHINGTON HIRES

ON CAMERA TALENT: _____

EXTRAS: _____

CREW: _____

POST PRODUCTION: _____

WORKER/DAYS:

PREP: _____

SHOOT: _____

WRAP: _____

NUMBER OF SHOOTING DAYS: _____

NUMBER OF SHOOTING DAYS IN WASHINGTON STATE:

PRE-PRODUCTION DATES: _____ to _____

PRE-PRODUCTION DATES IN WASHINGTON STATE: _____ to

START DATE FOR PRINCIPAL PHOTOGRAPHY:

phone 206 264 0667
fax 206 382 4343

START DATE FOR PRINCIPAL PHOTOGRAPHY IN WASHINGTON STATE:

EXPECTED WRAP DATE: _____

EXPECTED WRAP DATE IN WASHINGTON STATE:

WASHINGTON POST-PRODUCTION DATES (If Any): _____ to _____

ADVERTISING AGENCY: _____

ADVERTISING AGENCY ADDRESS: _____

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? _____

PRODUCTION SUPERVISOR OR COORDINATOR: _____
Washington Resident? Yes No

DIRECTOR OF PHOTOGRAPHY: _____
Washington Resident? Yes No

ASSISTANT DIRECTOR: _____
Washington Resident? Yes No

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

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? _____

IN-STATE SPENDING

phone 206 264 0667
fax 206 382 4343

PROJECTED TOTAL BUDGET: _____

PROJECTED BUDGET TO BE SPENT IN WASHINGTON:

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: _____

IN-STATE TRAVEL: _____

EQUIPMENT RENT/PURCH: _____

MISC. RENT/PURCH: _____

IN-STATE POST PRODUCTION: _____

EXPENDABLES: _____

CONTRACTED SERVICES: _____

OTHER: _____

HAS JOB BEEN AWARDED BY 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: _____

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

IN EITHER CASE PLEASE DETAIL HOW THE
PRODUCTION WILL MAKE SUCH PAYMENTS:

phone 206 264 0667
fax 206 382 4343

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- 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.

CERTIFYING SIGNATURE

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
Attn: Amy Lillard, Executive Director
1218 Third Ave, #1709
Seattle, Washington 98101