

**WASHINGTON FILMWORKS
TELEVISION AND FEATURE FILM 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 to include projected in-state qualified expenditures
- Finance Plan
- Proof of Funding
- 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 FUNDING
AGREEMENT SIGNATORY (IF DIFFERENT THAN
ABOVE): _____ TITLE: _____

TYPE OF PRODUCTION

- Feature Film
- Feature Length Documentary
- Episodic Television
- Movie Of the Week Television
- Mini-series Television
- TV Commercial

SHOOTING FORMAT

PROJECT INFORMATION

WORKING TITLE: _____

BRIEF SYNOPSIS: _____

MAIN WASHINGTON LOCALES: _____

ESTIMATED NUMBER OF WASHINGTON HIRES

PRINCIPAL CAST: _____

DAY PLAYERS: _____

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: _____

START DATE FOR PRINCIPAL PHOTOGRAPHY IN WASHINGTON STATE:

EXPECTED WRAP DATE: _____

EXPECTED WRAP DATE IN WASHINGTON STATE: _____

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

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? _____

UNIT

PRODUCTION MANAGER: _____

phone 206 264 0667
fax 206 382 4343

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? _____

COMPLETION BOND COMPANY

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

BOND APPROVED? Yes No

IN-STATE SPENDING

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 FINANCING BEEN COMPLETED FOR THIS PRODUCTION? Yes No

HAS FINANCING BEEN AUTHORIZED BY THE FINANCING ENTITY? 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 FORT HIS 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 TYPICALY
COVERED BY COLLECTIVE BARGAINING AGREEMENTS? Yes No

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

- 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 sent with all necessary supporting documentation. Please send your complete package to:

Washington Filmworks

Attn: Amy Lillard Dee, Executive Director

1218 Third Ave, #1709

Seattle, Washington 98101

or

amy@washingtonfilmworks.org