

WASHINGTON FILMWORKS MOTION PICTURE AND EPISODIC SERIES FUNDING ASSISTANCE APPLICATION

The following documents must come attached to this application:

- **Script(s)** – a shooting script (i.e., the version that is or will be submitted to the production’s insurance company prior to the start of production.)
- **Budget** – the most current full line-item production budget that includes in-state and out-of-state spend and clearly indicates projected in-state qualified expenditures and Qualified Non-Resident Labor (if applicable.)
- **Finance Plan** – a line by line 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)
- **Applicant’s Letter of Interest** – letter detailing how the project represents and reflects the best of Washington State’s Motion Picture industry has to offer and specifically how the project would help raise the profile of Washington State’s creative community. The letter should also address the applicant’s willingness and ability to enter into a contract with Washington Filmworks setting forth the terms and conditions of funding assistance.

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 (if applicable): _____

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 _____)
- TV Commercial (**please stop** and use the specialized TV Commercial Application)

SHOOTING FORMAT
_____**PROJECT INFORMATION**

WORKING TITLE: _____

SYNOPSIS: _____

_____MAIN WASHINGTON LOCATIONS: _____
_____DOES THE PROJECT FEATURE LOCATIONS IN WASHINGTON STATE AS THE
PRINCIPLE SCRIPTED LOCATION? YES NO*If so, what cities, towns or key locations are included in the script?* _____



IS THE PROJECT INSPIRED BY A SOURCE OF CONTENT THAT IS UNIQUE TO WASHINGTON STATE SUCH AS BY A BOOK, A LIFE STORY OR A SCREENPLAY?

YES

NO

If so, what is the source of content? _____

ESTIMATED NUMBER OF HIRES: *Please see the current Guidelines & Criteria found [on our website](#) for requirements surrounding total amount of Washington resident labor force as well as additional information about Qualified Non-Resident labor.

	Column A	Column B	Column C	Combine Columns A, B, C
	Washington Residents	*Qualified Non-Resident (If Applicable)	Remaining Non-Resident	Total Hires in Washington Schedule
PRINCIPAL CAST				
DAY PLAYER CAST				
ATL – NOT INCL CAST (eg: Writers, Producers, etc)				
EXTRAS				
CREW				
POST PROD				

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

EXECUTIVE
PRODUCER: _____
Washington Resident? Yes No

PRODUCER(S) _____

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

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

LEAD TALENT IN STARRING OR MAJOR ROLES: _____

Of the talent 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 PROJECT

(EXCLUDING COVID-19 SHUTDOWN / QUARANTINE CONTINGENCY COSTS – SEE BELOW)

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

IF APPLYING FOR AN EPISODIC SERIES WITH MORE THAN ONE EPISODE

	TOTAL BUDGET	WASHINGTON SPEND	Qualified Non-Resident Labor (If Applicable)
PATTERN BUDGET Including amort expenses			

IF BUDGETING FOR A POSSIBLE COVID-19 SHUTDOWN / QUARANTINE

Projects may be required to stop production due to an outbreak of COVID-19 on the film set or because an order from the Governor. Washington Filmworks will consider offering funding assistance for qualified expenditures incurred during this time but these costs must be estimated and approved during the application process.

	TOTAL BUDGET	WASHINGTON SPEND	Qualified Non-Resident Labor (If Applicable)
COVID-19 SHUTDOWN PAYROLL			
COVID-19 SHUTDOWN RENTALS / FEES			
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

IS THE PROJECT FINANCED BY WASHINGTON BASED CORPORATIONS OR INVESTORS? YES NO

If so, what percentage of the total financing is from a Washington based corporation or investor? _____

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: _____

DISTRIBUTION

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

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 INDICATE): UNION NON-UNION

Washington Filmworks

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 as well as the current COVID-19 Requirements defined by the State of Washington.

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 funding assistance are intended for the exclusive use as an integral part of the pre-production, production, or post-production filming activities described in the application.

AUTHORIZED REPRESENTATIVE'S PRINTED NAME

TITLE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

This Washington Filmworks' Application for Funding Assistance is not complete until it has been signed and sent with all the necessary supporting documentation. Please send your complete package to: Washington Filmworks, 1122 E. Pike St. #1079, Seattle, Washington 98122 or email to amy@washingtonfilmworks.org.