

PROJECT DEVELOPMENT FUND / APPLICATION FORM 2015-2016

Date received: ___/___/___

Application number: _____

Project Title _____

Previous Title _____

Triggering Agent Contributors _____

Creative BC Request _____

APPLICANT INFORMATION

APPLICANT PRODUCTION COMPANY

CO-PRODUCTION COMPANY (WHERE APPLICABLE)

Company _____

Company _____

Producer _____

Co-Producer _____

Permanent Address _____

Permanent Address _____

Postal Code _____

Website _____

Postal Code _____

Website _____

Telephone _____

Fax _____

Telephone _____

Fax _____

_____ Email

_____ Email

Is your company affiliated with any other entities? Yes No

Parent Production Company (if applicable): _____

PROJECT INFORMATION

Please provide a brief logline for the project no more than 140 characters:

DEVELOPMENT ACTIVITY (PHASE) TO BE UNDERTAKEN

Select all applicable:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Treatment | <input type="checkbox"/> First Draft |
| <input type="checkbox"/> Outline | <input type="checkbox"/> Re-write (draft # _____) |
| <input type="checkbox"/> Demo-taping | <input type="checkbox"/> Final Draft |
| <input type="checkbox"/> Research | <input type="checkbox"/> Polish/Packaging |

PRODUCTION TYPE

Please select only one:

- | | |
|---|---|
| <input type="checkbox"/> Feature Film | <input type="checkbox"/> Television Series |
| <input type="checkbox"/> Television Movie | <input type="checkbox"/> Television Mini-Series |
| <input type="checkbox"/> Direct to DVD | <input type="checkbox"/> TV Series Pilot |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> TV Program |

GENRE

Please select only one:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Lifestyle |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Fiction |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Variety |
| <input type="checkbox"/> Reality | <input type="checkbox"/> Other: _____ |

Total estimated running time: _____ min.

For Television Series No. of Episodes: _____ Estimated running time/episode: _____ min. Season No.: _____

Proposed completion date for this phase: month/day/year _____

FINANCIAL STRUCTURE (If you require additional space, please use the blank page at the end of this form.)

FINANCIAL SOURCES	AMOUNT	TYPE	STATUS
		RECOUPABLE ADVANCE, GRANT DEFERRAL, ETC.	CONFIRMED/ UNCONFIRMED
Creative BC		Non-Recoupable Advance	
Telefilm Canada			
Broadcaster or Distributor			
Harold Greenberg			
Other(s):			
Creative BC's GST Number: R 126 439 967			
Total Development Funding:			

LISTING OF KEY PERSONNEL

	NAME(S)	RESIDENT PROVINCE	CITIZENSHIP
Producer(s)	_____	_____	_____
	_____	_____	_____
Executive Producer(s)	_____	_____	_____
	_____	_____	_____
Co-Producer(s)	_____	_____	_____
	_____	_____	_____
Director(s) (if available)	_____	_____	_____
	_____	_____	_____
Writer(s)	_____	_____	_____

	NAME(S)	RESIDENT PROVINCE	CITIZENSHIP
Researcher(s)	_____	_____	_____
Script/Story Editor	_____	_____	_____
Script/Story Consultant	_____	_____	_____
Storyboard Supervisor*	_____	_____	_____
Art Director/Design Supervisor*	_____	_____	_____
Other	_____	_____	_____

* Animation only

DECLARATION

I acknowledge that Creative BC shall have the authority to discuss this application (including all documentation provided thereunder) with the auditor(s), legal counsel, actual or proposed financial participants and any other person(s) or entity(s) connected with the subject project.

I also acknowledge that Creative BC may request additional application materials in order to complete the analysis of my application, and I agree to provide any additional requested documentation in a timely manner.

I hereby declare and warrant that to the best of my knowledge, the information contained herein is true and complete and I authorize Creative BC to contact sources necessary to verify the contents of this application and supporting documents.

Signature of Authorized Representative
of Production Company

Title

Print Name

Date

PROJECT DEVELOPEMENT CHECKLIST

Applications to the Project Development Fund must be complete and shall be reviewed on a first come/first served basis. Incomplete applications will be returned and, consequently, will not be given a priority standing. Please make sure to include the following:

- Completed application form
- Completed Project Development Checklist
- \$105 application fee (includes GST)
- Fully executed Letter(s) of Commitment or long form Development Advance Agreement(s) with the Eligible Triggering Agent (At minimum, Letter(s) of Commitment must be provided with the application; Fully executed long form contracts must be forwarded when received)
- Proposed development budget (for feature length projects please use Telefilm's feature film development budget template. For television based projects, please use the Canada Media Fund television development template)
- Corresponding Financing Plan (included on the above templates)
- Copies of all agreements or commitment letters with all other financial participants contributing to this phase of development (when received), if applicable
- Chain of Title Certificate (Schedule A)
- Copies of the following, which pertain to the current phase of development, and listed on Schedule A:
 - a. Option or Transfer of Rights Agreement (not necessary if not a third party transaction)
 - b. Life Story Rights Agreement (if applicable)
 - c. Screenwriter's Agreement
 - d. Co-Production Agreement/Deal Memo (if applicable)
- One copy of all creative materials including (where applicable) draft script(s), series outline and/or bible, treatment etc. (may be submitted on CD)
- Brief one-paragraph biographies for each of the key personnel listed in Section II (Please do not provide a separate page for each bio; bios should be listed together on one or two pages)
- Copy of the Certificate of Incorporation and Name Change Certificate (if applicable) for the Applicant company (Note: Full Articles not required; only a copy of the Certificate is necessary)
- Current Incumbency Certificate (Schedule B) with respect to the Applicant company
- Copy of the Certificate of Incorporation and Name Change Certificate (if applicable) for the Parent company, if applicable (Note: Full Articles not required; only a copy of the Certificate is necessary)
- Current Incumbency Certificate (Schedule B) with respect to the Parent company, if applicable.

