



**CITY OF SANTA CLARITA
FILM INCENTIVE PROGRAM (FIP)
INCENTIVE 1 APPLICATION**

Date:

SECTION ONE: Production Company Information

Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Tax ID #:

SECTION TWO: Production Information

Production Title:

Production Type:

Feature
 Episodic TV
 TV Pilot
 TV Movie
 Commercial
 Music Video

If Episodic TV, number of episodes this season:

Total Production Budget:

Total Number of Cast: Crew: Extras:

Principal Photography Start Date: End Date:

Initial Distribution Method:

Theater
 Television – Channel (i.e. CBS, HBO, Disney):

DVD/Video
 Internet
 Other:

Primary Production Contact/Representative

Name:	Title:
Cell:	Phone: Email:

Production Accountant

Name:
Cell: Phone: Email:

Location Manger

Name:
Cell: Phone: Email:

SECTION THREE: Required Materials

- Completed FIP Application
- Copy of lease agreement or other documentation showing production office located in SCV
- Preliminary shooting schedule – production board, production schedule or production calendar
- Synopsis of screenplay, teleplay, or series or copy of script
- A budget in hard copy or electronic file in an industry standard budgeting program or other documentation showing total production budget
- Declaration of residency or payroll documentation (due upon completion)
- Daily call sheets (due upon completion)

SECTION FOUR: Signature

I certify under penalty of perjury under the laws of the State of California that I examined this application, including all attachments and that to the best of my knowledge its content is true and correct.

Signature of Production Company Representative

Date

Printed Name and Title