



FOR OFFICE USE ONLY

- APPLICATION
 - BUDGET
 - SCRIPT
 - CAST LIST
 - WORKSAFE
 - MINORS
 - TRAVEL
 - ACTSAFE
 - AGREEMENT
 - PERFORMER FORMS
 - FINAL CAST LIST
 - GENDER & DIVERSITY
- ENTERED: AMS E-BOARD

ANIMATION ULTRA-LOW BUDGET APPLICATION FORM	
PRODUCTION TITLE:	
PRODUCTION COMPANY:	
ADDRESS:	
PHONE #:	FAX #:
EMAIL:	
RECORDING DATES: START:	END:
PRODUCER:	DIRECTOR:
PRODUCTION LENGTH: Over 10 minutes <input type="checkbox"/> 10 minutes or less <input type="checkbox"/>	
INTENDED USE:	
BUDGET TIER: \$0-40,000 <input type="checkbox"/> \$40,000 - \$150,000 <input type="checkbox"/>	
TOTAL PRODUCTION CASH COSTS : \$ _____	
Please attach a copy of the budget which declares all cash payments and donations . All "in kind" donations do not form part of the total production cash cost but the known or estimated value of the donations are to be noted in a separate column on the budget.	
PRE-SALES / DISTRIBUTION:	
FUNDING SOURCES:	
ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
MINORS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please list names and age:	
PLEASE ATTACH THE FOLLOWING: SCRIPT <input type="checkbox"/> CAST LIST <input type="checkbox"/> BUDGET <input type="checkbox"/>	
I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE	
COMMENTS & QUESTIONS:	

Please return attn: Ultra Low Budget Program Administrator

Email: ULBProgram@ubcpactra.ca