



FOR OFFICE USE ONLY:

- APPLICATION
- BUDGET
- SCRIPT
- CAST LIST
- CREW LIST

- AOS
- WORKSAFE
- MINORS
- TRAVEL

STUNTS

- STC/STP
- STC RESUME
- DESCRIPTION
- CGL

NUDITY

- NUDITY
- SEMI-NUDITY
- SIM. SEX. ACT.
- INTIMATE SC.
- RIDER

- AGREEMENT
- PERFORMER FORMS
- FINAL CAST LIST
- GENDER & DIVERSITY:
 - AMS
 - E-BOARD

ULTRA-LOW BUDGET APPLICATION FORM

FEATURE SHORT FILM WEB SERIES OTHER _____

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

*PRODUCER:

*DIRECTOR:

PRODUCTION LENGTH (minutes):

INTENDED USE:

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 NO

SHOOTING LOCATION:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions with Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.

NUDITY/SEMI-NUDITY SCENES: YES NO SIMULATED SEXUAL ACTIVITY: YES NO

If yes, please list Performers involved:

MINORS: YES NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT CAST LIST CREW LIST BUDGET

I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE

COMMENTS & QUESTIONS:

Please return attn: Ultra Low Budget Program Administrator #300-380 West 2nd Ave, Vancouver, BC V5Y 1C8
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