Overview

Instructions for Applicants

Before completing this application form, you should have read the program guidelines.

Application Number This field is read only.

Program Details

The NSW Government offers a 10% rebate of qualifying expenditure on Post, Digital & Visual Effects (PDV) work carried out in NSW. To be eligible, projects must be registered with Screen NSW. Only work undertaken after the date of registration will count as qualifying NSW PDV Expenditure.

Grant Program Name
This field is read only. The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and Screen NSW expressly reserves its right to accept or reject this application at its discretion:
- it must bear the costs of preparing and submitting this application and Screen NSW does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

• if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation),

project title, project description, location, anticipated time for completion and amount awarded;

- Screen NSW will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances Screen NSW may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

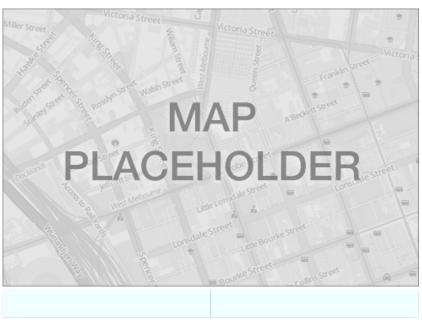
- Screen NSW is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by Screen NSW in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.screen.nsw.gov.au/about-us/privacy-policy);
- the information it provides to Screen NSW in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that Screen NSW and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Applicant Details

* indicates a required field

Organisation Details

Organisation Name * Organisation Name	
Please use the organisation's full name documentation such as that with the AE	Make sure you provide the same name that is listed in offi R, ACNC or ATO.
Primary Address Address	



Postal Address Address	
Primary Phone Number *	
Must be an Australian phone number Country code not required, area code	is required.
Other Phone Number	
Must be an Australian phone number Country code not required, area code	is required.
Email Address *	
Must be an email address.	
Website	
Must be a URL.	

Does the applicant organisation have an Australian Business Number (ABN)? * \bigcirc Yes

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

More information

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Name *

Applicant Contact

Title	First Name	Last Name	
This is the	person we will corre	espond with about the	nis grant.
Position	*		
e.g., Mana	ger, Board Member	or Fundraising Coor	dinator.
Primary	Phone Number	*	
Must be an Australian phone number. Country code not required, area code for landlines is required.			
Other Ph	one Number		
	n Australian phone rode not required, are	number. ea code for landlines	s is required.
Email *			

This is the address we will use to correspond with you about this grant.

Project

Must be an email address.

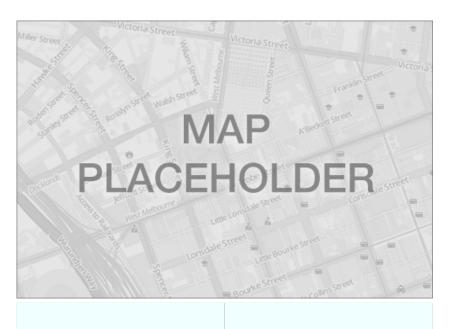
* indicates a required field

Government Reporting

The below section is required for NSW Government reporting purposes. Please see below some clarifications on each question to help aid your answers.

- **Title:** Title of your project
- **Brief Description:** This should be a one line synopsis of the project. Please disregard the 'hint' text.
- Anticipated start date: Start date of post-production/vfx in NSW
- Anticipated end date: Completion date of post-production/vfx in NSW
- **Primary location of your initiative**: The main location the post-production/vfx work will be undertaken. If you are unsure or it's not yet confirmed, please use your business address.

Title *
Word count: Must be no more than 25 words. Provide a name for your initiative. Your title should be short but descriptive.
Brief description *
Word count: Must be no more than 50 words. Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.
Anticipated start date *
Anticipated end date *
Primary location of your initiative Address



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Former project title/s		
Is the project fiction or d O Fiction	=	umentary
Project type * Feature film Documentary feature Telemovie Mini-series Drama series Pilot Documentary single Documentary series		
Intended distribution * O Theatrical release	Broadcast	Streaming/Online
Please list the key broad	caster/s or distributor/	s attached to this project.
Running time		
_		
For series enter the number of	episodes and running time p	per episode

Project release date, if know	n
Must be a date.	
Estimated year in which you	will submit final claim for the Rebate *
Estimated year in which you	will submit final claim for the Repate
Estimated month in which vo	ou will submit final claim for the Rebate *
Is this project fully financed? ○ Yes) * () No
Budget	
* indicates a required field	
Estimated Qualifying NSV	N PDV Expenditure (in AUD)
Please ensure the Estimated Quaguidelines:	alifying NSW PDV Expenditure adheres to the below
General overheads should nInternational and interstateReinvested amounts indicat	ld not exceed 20% of total qualifying NSW PDV expenditure. not exceed 2% of total qualifying NSW PDV expenditure. airfares and freight are excluded. red in page 5, section 3 should be deducted from this total. sing of archival footage are limited to 20% of qualifying NSW
Total Estimated Qualifying N	SW PDV Expenditure (in AUD) *
Must be a dollar amount. Minimum \$500,000	
Please input below your expecte Total Estimated Qualifying Expe	ed rebate amount requested (this should be 10% of your nditure above).
Total Amount Requested *	\$ What is the total financial support you are requesting under this grant?

Project Details, Employment & Expenditure in NSW

* indicates a required field

Estimated number of PDV/ VFX staff to be employed in NSW on the project *
Must be a number.
Estimated PDV / VFX staff person-days to be worked in NSW on the project
Must be a number.
Number of trainees to be engaged on the project *
Must be a number.
If there is also a live action component, will you be shooting in NSW? * O Yes
NoNA - No live action component
If yes, estimated Total Qualifying NSW Production Expenditure (in AUD)
Must be a dollar amount.
Is the applicant: * ○ The NSW PDV company carrying out the work ○ A studio/production company/SPV engaging NSW PDV vendor(s) to carry out the work
Please note that only one company can apply for the NSW PDV rebate for any one production.
Please list the NSW-based PDV vendors that you will be engaging for this project if applicable
Are any of the PDV vendors providing reinvestment or a financial contribution of any kind towards the project's budget? * ○ Yes ○ No
0 140
What is the total reinvestment or financial contribution amount from PDV vendors? *
Must be a dollar amount.

Vendor	\$	Please attach reinvestmen agreements
	Must be a dollar a	mount.
Description of p	roject scope	
	. CGI/visual effects, film	e of PDV work to be undertaken as part editing, post production sound, music
recording, animac	ion	
Word count: Must be no more than	80 words.	
	eakdown of proposed PI evant categories *	OV spend in NSW, including details of
Please attach PD\ Attach a file:	vendor quotes, if applic	able
More than one file can	be uploaded	
Benefits to NSV	l economy and scree	n industries
		er development opportunities provided PDV practitioners and crew in NSW *
Word count: Must be no more than	120 words.	
industries, such a		by the project to the NSW screen new capital expenditure, research and
Word count:		

Must be no more than 120 words.

Please note that Screen NSW requires applicants that are not the PDV company to secure an agreement with the PDV vendor that they will:

- provide figures at the time of acquittal on numbers employed/total person days on the project and training opportunities provided
- respond to a Screen NSW annual survey of PDV companies for two years after the PDV project is completed.

I agree to	provide this	information of	or secure the	e above a	greement w	ith the F	PDV
vendor *							

Yes

Project Team

Position	Name	Country of residence
Producer		
Director		
Post-production supervisor		
VFX supervisor		
D.O.P		
Editor		

Other Incentives or Funding

* indicates a required field

Are you applying for federal incentives if funding/incentives in support of the live relevant) * Post, Digital and Visual Effects (PDV) Offset Producer Offset Location Offset Location Incentive No Tick one or more applicable boxes	
Are you applying for other Screen NSW Made in NSW - International Footloose Made in NSW - TV Drama Production Finance Regional Filming Fund (RFF) No Tick one or more applicable boxes	programs in relation to this project? *
Are you applying to other Australian sta O Yes	tes or territories? * O No

Please provide details

PLEASE NOTE: If you are applying to Screen I Production Finance you should submit this ap application to the Screen NSW funding round	oplication form concurrently with your
Screen NSW - Made in NSW	
Screen NSW - Production Finance	
Was the availability of the NSW 10% PD locate this PDV work in NSW? * ○ Yes	V Rebate a factor in your decision to ○ No
Was the PDV work for this project footlo	oose? i.e. Were you considering doing any *
O Yes NOTE: Projects that are not footloose are still eligi	O No ble for the Rebate
Which other jurisdictions were you cons	sidering? *
Have you received development or produproject? * ○ Yes	luction funding from Screen NSW for this O No
Have you acquitted the funds? * ○ Yes	○ No
Declaration and Authorisation	
* indicates a required field	
Declaration	

By submitting this application form I hereby declare that:

- I have read the Guidelines relating to this program.
- I certify that, to the best of my knowledge, all the information in this submission is correct and has been approved by the board of directors or equivalent body, and that

I have the delegated authority to sign this submission and that no other applicants will make submissions for this project.

- I acknowledge that Screen NSW has the right to withdraw the offer of funding or demand the return of any funds already paid if it is discovered that any of the information provided is false.
- I acknowledge and agree that the NSW Government may make public statements relating to the location of the project in NSW and the estimated number of jobs created by the project as per this registration.

Authorisation

l agree *	□ Yes				
Name of authorised person *	Title	First Name	Last Name		
	Must be a senior staff member, board member or appropriately authorised volunteer				
Position *					
Dhana muuhan *	Position he	ld in applicant orgar	nisation (e.g. CEO, T	reasurer)	
Phone number *	Must be an	Australian nhone ni	ımher		
	Must be an Australian phone number. We may contact you to verify that this application is authoris by the applicant organisation			is authorised	
Email *					
	Must be an	email address.			