#### About the grant

\* indicates a required field

#### Instructions for Applicants

Before you start your application for Made in NSW - TV Drama (and Regional Filming Fund, if applicable), please:

- Review the guidelines Made in NSW TV Drama & Regional Filming Fund
- Review our <u>Terms of Trade</u>
- Review this application form

If you have any questions, please contact us at <a href="mailto:investment@screen.nsw.gov.au">investment@screen.nsw.gov.au</a>.

Incomplete applications and/or applications received after the closing date will not be considered.

Application Number
This field is read only.
Grant Program Name

#### Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department 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 the Department 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 Screen NSW Terms of Trade, and has fully informed itself of the relevant program requirements.

#### Use of Information

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

### Made in NSW TV Drama Application - Round 92

Form Preview

- 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;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-inconfidence' 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 the Department 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:

- the Department 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 the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department 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 the Department 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.

#### Confirmation

,	ram Guidelines and Terms of Trade, and
are eligible to apply to this program *	
□ Yes	

#### Eligibility

\* indicates a required field

What funding program(s) are you applying for in this form? \*

Made in NSW - TV Drama

O Made in NSW - TV Drama a	and Regional Filming Fund	
You must contact a Screen to submitting your applicated Amelia Rowe O Daniel Krige		er to discuss your project prior you have spoken with: *  O Lynda Carruthers O Other:
Please contact <u>investment@scree</u> project.		
Previous applications		
Has this project been subn funding program before? *		development or production
○ Yes	○ No	
Has this project previously  O Yes	received funding from So	creen NSW? *
Has your project been decl  Yes - it has been declined  No - it has only been declined	two or more times	his grant program? * (withdrawn or pending outcome)
Please contact us at <u>investme</u> answer the question below.	nt@screen.nsw.gov.au befor	re submitting your application and
Please detail how the projesince your last funding sub interest and project team	omission in terms of the c	
Word count:		
Unable to Continue		
As per the <b>Terms of Trade</b> , submit another application		declined twice you cannot
Please contact us at <u>investme</u>	nt@screen.nsw.gov.au if you	u have any questions.
Applicant Eligibility		
You must be one of the fol		erating in NSW for at least six

months prior to the funding application

<ul> <li>An Australian company not based in NSW in a genuine co-production arrangement with a NSW production company and/or the project is created by a NSW creative or is substantially driven by NSW key creatives</li> <li>A non-NSW based Australian Company, meeting at least a minimum level of NSW spend of 80% of total production costs</li> </ul>
You must also fulfil all of the following eligibility criteria *  ☐ Have at least one NSW based Key Creative
☐ Be compliant with our Terms of Trade
☐ Maintain ownership or control of the rights necessary (or have shared ownership and/ or joint control of copyright under a co-production arrangement) to carry out the project that is the subject of the application (including having ownership or control of any relevant copyright and appropriate clearances from all significant participants)
Project Eligibility
Please confirm your project:
$\square$ Has a production budget between \$5-18M in an eligible format (Feature films, excluding
documentaries; Television drama and narrative comedy, including miniseries)  Has Significant Australian Content (SAC). SAC is evidenced by a Provisional Producer
Offset Certificate or official co-production certification.
☐ Is fully financed at the time of application (other than the contribution from Screen NSW
or contributions that are being considered concurrently by other similar State or Federal
agencies)
☐ Has not commenced pre-production prior to the closing date of the round
☐ Is genuinely footloose

## Please confirm the project will comply with the production attachment requirements in our Terms of Trade and is appropriately accounted for in the budget \*

You must be able to fulfil all of the above project eligibility criteria. For the definition of footloose,

Yes

Please see the **Terms of Trade** for details.

please see the glossary in the <u>Program Guidelines</u>.

#### Regional Filming Fund

The <u>Regional Filming Fund</u> offsets costs associated with shooting in regional areas of NSW. Regional NSW is defined as all areas in NSW outside the Sydney Metro area (excluding the ACT). Please find the LGA map <u>here.</u>

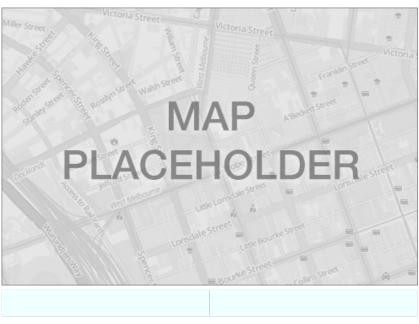
**Assessment Criteria** Your application will be competitively assessed against the following criteria:

- The level, nature and quality of the proposed NSW and Regional Spend
- The track record, including the financial track record, and experience of the applicant and any Key Creatives
- The quality of the creative materials
- The potential of the project to reach its target market/s

Screen NSW may also take into account the diversity of productions and regions supported under the program.

Please see the full Regional Filming Fund guidelines for further details.

Please confirm the following: *	
<ul> <li>□ At least one of the Key Creatives is NSW-based</li> <li>□ The production company is registered in NSW and has its principal plans</li> <li>NSW or for production companies that are not based in NSW, the product</li> </ul>	
NSW Spend of at least \$5 million	ion has an eligible
☐ At least 50% of the total budget is be expended in NSW ☐ Production is fully financed at the time of application, with the except being sought from Screen NSW and other state, federal or international a will only consider an application where those agencies have confirmed th or if the application has been submitted to a funding round running concuscreen NSW round)	gencies (Note: we eir contribution
<ul> <li>☐ If a feature film, distribution must be in place</li> <li>☐ If a television drama, narrative comedy or factual/documentary programmitment from a broadcaster, subscription service or distributor must</li> </ul>	
Please confirm the following: *  O The production will film on location in Regional NSW for a minimum of in a single Local Government Area (LGA)  Please find the LGA map <a href="here">here</a>	<sup>:</sup> five shooting days
Please provide a Regional NSW LGA that you will be shooting in *	
Further locations details are requested later in the application form.	
Turther locations details are requested later in the application form.	
Number of shooting days in this LGA *	
Must be a number and at least 5.	
Mast Se a namber and at least 5.	
Contact Details	
* indicates a required field	
Organisation Details	
Organisation Name *	
Organisation Name	
Please use the organisation's full name. Make sure you provide the same name the documentation such as that with the ABR, ACNC or ATO.	nat is listed in official
Primary Address Address	



Postal Address	
Address	
Primary Phone I	Number *
Must be an Australia Country code not re	an phone number. equired, area code for landlines is required.
Other Phone Nu	mber
Must be an Australia	an nhana numbar
	equired, area code for landlines is required.
Email Address *	
Must be an email ac	ddress.
Website	
Must be a URL.	

ımber (ABN)? \*  $\bigcirc$  No 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.

#### Applicant Organisation ACN or AIN \*

#### **Primary Contact Details**

# Primary Contact \* Title First Name Last Name This is the person we will correspond with about this grant.

#### **Primary Contact Position \***

e.g., Manager, Board Member or Fundraising Coordinator.

#### **Primary Contact Phone Number \***

Must be an Australian phone number. Country code not required, area code for landlines is required.

#### **Primary Contact Other Phone Number**

Must be an Australian phone number.
Country code not required, area code for landlines is required.

#### Primary Contact Email \*

Must be an email address. This is the address we will use to correspond with you about this grant.
Contracting Entity
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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Applicant Company - Organisation Name *
Applicant Company - Organisation Name
The ABN entity name must be identical to this applicant company name.
Principal place of business (must not be a PO Box) *
Address
Postal Address * Address

**Company Landline** 

Must be an Australian phone number.

Company Mobile \*

Must be an Australian phone number.		
Must be all Australian phone namber.		
Company Email *		
Must be an email address.		
Accounts Email *		
Must be an email address.		
Company Website		
Must be a URL.		
Is the Contracting Entity above an SPV (     Yes     No, and you do not intend to form an SPV     No, but you intend to form an SPV to be to  Parent Company	as the contracting ent	ity
Parent Company Name *		
i di ent company name		
Parent Company ABN *		
The ABN provided will be used to look up the check that you have entered the ABN correct		Click Lookup above to
Information from the Australian Business Register	-	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		

Must be an ABN.

ATO Charity Type

ACNC Registration
Tax Concessions

Main business location

**More information** 

Parent Company phone number *	
Parent Company email *	
Co-Production	
* indicates a required field	
Please see the <u>Screen Australia guidelines for</u>	r official co-production.
Is the project an Official Co-Production?	*
☐ Yes ☐ No No more than 1 choice may be selected.	
Name of Co-production Company *	
Has this application been approved for a Australia? *	official co-production status by Screen
○ Yes	○ No
16	
If yes, which country / countries? *	
Please upload a Screen Australia Report status of the project * Attach a file:	or notes on the official co-production
Attach a nie:	
Project Details	
* indicates a required field	
Project Title *	
,	
Former Titles	

Synopsis				
Synopsis - One	Sentence *			
Word count: Please provide a she	ort statement capturing	g the core story of	the project.	
Synopsis - One	Paragraph *			
Word count:				
Genre and Pla	atform			
What is the proj  ○ Cinema	-	ase platform? * Television - ay	<ul><li>Video on</li></ul>	
Release platfor	n name *			
e.g., broadcaster na	ame, website name, app	o name, streamer	name.	
☐ Fiction Feature	e option which bese			
Genre *				
☐ Action Adventu	ure 🗆 Romantic Co	omedy $\square$ Myste	ery	☐ Contemporary and Social Issues including
☐ Comedy ☐ Drama	□ Thriller □ Western	□ Scien □ Famil	ce Fiction y	social history  ☐ History and Identity  ☐ Science and Environment
☐ Horror	□ Crime	☐ Arts a	nd Culture	□ Other:
☐ Musical				
Shoot Format ar	O CGI O HD	) Super⊖ 6mm Digital	○ SP ○ Betacam 65m	○ ○ nm AnimatiorOther:
		Betacam		
Is your project p	oredominantly anin	mation? *		

Project Length

Du	ration *				
	one-off productions this is the	e total duration of	your project. For s	series, this is the duration of	each
epi	sode.				
Nu	mber of episodes *				
Αι	ıdience				
Ple	ease outline your target	audience and	how you inten	d to reach them. *	
Wo	ord count:				
	rget Audience - Age * < 14 Years	□ 18-24 years	5	□ 35-49 years	
	14-17 years	☐ 25-34 years		□ 50+ years	
	rget Audience - Gender Skewed towards female		rds male  Ge	ender Neutral	
	<b>e children the primary a</b> Yes	udience for th	is project? (i.e. ○ No	up to 18 years old) *	
	ease specify the primary Preschool children	_			
	Children in early childhood Children in middle primary	y (years 4 and 5			
	Children in middle years ( Children in senior years (y				
	your project a Children's Yes, this is a Children's "P				
0	Yes, this is a Children's "C No, this is neither a Childr	" classification p	roject	ect	

#### Representation

Please see our <u>Guide to Understanding Diversity and Creating Authentic Screen Content</u> and <u>Screen NSW's Priority Areas</u> for reference.

Please outline how any under-represented, or Screen NSW priority groups, will be authentically represented as part of the production, be it on screen and/or behind the camera. \*

Content Warning Information	
Does your project contain potentially disturbing or upsetting content require a content warning for staff and assessors?  O Yes  O No  O Unsure  Examples of sensitive content include sexual assault, self-harm, violence. If you are un contact investment@screen.nsw.gov.au.	
Briefly explain the nature of the content. *	
First Nations Content	
First Nations content can mean that your project:  • Is based on or includes First Nations stories  • Has First Nations characters  • Features representations of First Nations culture.	
Please refer to <u>Screen Australia's Pathways &amp; Protocols: a filmmaker's guide to Indigenous people, culture and concepts.</u>	<u>o working</u>
<b>Does the project cover First Nations content? *</b> O Yes  No	
O TCS	
Does the project have a First Nations consultant? *  ○ Yes  ○ No	
Does the project have a First Nations Key Creatives (producer, direct *	or or wr
○ Yes ○ No	
Please provide the names of the First Nations key creatives and their participation in the project. *	r level o

Page 13 of 39

If no, please provide a detailed explanation as to why you have not engaged First

Nations key creatives. \*

the names of communities and a	llaboration and consultation entered into including advisors attached to the project. You may selating to research, chain of title, filming
communities an/or person, pleas	out a particular First Nations community or se upload relevant documentation from that on for you to produce this project.
This is the "written confirmation of the v program guidelines.	willingness of subject(s) and the community" referred to in the
Please upload any First Nations Attach a file:	consultants' CVs *
Please provide a detailed explanations consultants. *	nation as to why you have not engaged First
Project Team	
* indicates a required field	
Producer(s)	
Froducer(s)	
First Name *	Residency *  O NSW O ACT O NT O QLD O SA O VIC O TAS O WA O Outside Australia
Last Name *	Priority Areas *
	<ul> <li>☐ First Nations</li> <li>☐ Person with Culturally and Linguistically Diverse background (CALD)</li> <li>☐ Person living with disability</li> </ul>
Email *	☐ Ferson Horing with disability ☐ LGBTQIA+ ☐ Western Sydney ☐ Regional NSW ☐ None of the above

Phone *	☐ Prefer not to say Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to say'.
	Gender Identity *  O Female O Male O Non-Binary O Prefer not O Other:  to answer
Website	Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to answer.' If you prefer to self-
Bio *	describe, please use the open field option.
Word count: Must be no more than 200 words.  CV upload *	
Attach a file:	
Writer(s)	
First Name *	Residency *  NSW ACT NT QLD SA VIC TAS WA  Outside Australia
Last Name *	Priority Areas *  First Nations  Person with Culturally and Linguistically Diverse background (CALD)  Person living with disability  LGBTQIA+
Email *	Western Sydney
Phone *	consent of the individual, otherwise please choose 'prefer not to say'.
Website	Gender Identity *  O Female O Male O Non-Binary O Prefer not to answer  Please only provide this information with the
Bio *	consent of the individual, otherwise please choose 'prefer not to answer.' If you prefer to self-describe, please use the open field option.
Word count: Must be no more than 200 words.	
CV upload * Attach a file:	

### Director(s)

First Name *	Residency *  NSW O ACT O NT O QLD O SA O VIC O TAS O WA O Outside Australia
Last Name *	Priority Areas *  ☐ First Nations ☐ Person with Culturally and Linguistically Diverse background (CALD) ☐ Person living with disability ☐ LGBTQIA+
Email *	<ul> <li>□ Western Sydney</li> <li>□ Regional NSW</li> <li>□ None of the above</li> <li>□ Prefer not to say</li> <li>Please only provide this information with the</li> </ul>
Phone *	consent of the individual, otherwise please choose 'prefer not to say'.
Website	Gender Identity *  O Female  O Male  O Non-Binary  O Prefer not to answer
Bio *	Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to answer.' If you prefer to self-describe, please use the open field option.
Word count: Must be no more than 200 words.	
CV upload * Attach a file:	
Additional Key Personnel	
Are there any additional personnel confirmed Key Creatives and Heads ○ Yes	working on this project, such as other of Department? *  No
Please list any additional personnel, suc Department.	h as other confirmed Key Creatives and Heads of
Click 'Add More' to enter multiple addition	onal personnel.
First Name *	Residency *  NSW ACT NT QLD SA VIC TAS WA OUtside Australia
Last Name *	Key Priority Areas *    First Nations    Person with Culturally and Linguistically Diverse background (CALD)    Person living with disability
Role *	☐ LGBTQIA+ ☐ Western Sydney ☐ Regional NSW ☐ None of the above ☐ Prefer not to say
Email *	Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to say'.
	Gender Identity *

	<ul><li>Female</li></ul>	<ul><li>Male</li></ul>	○ Non-Binary		Other:
			1	o answer	
	Please o				
Bio *			/idual, other		
			to answer.' I		
	describe	, please us	e the open f	ield optioi	n.
Word count:					
Must be no more than 200 words.					
CV upload *					
Attach a file:					
Key Cast or Principal Participants					
Key Cast or Principal Participants					
<del>-</del>					
These are key cast consulted and have indicated and				-	int of
either proposed or confirmed. We are aware	e some key	cast are	unknown a	t this poi	INT OT
application process.					
Click 'Add More' to enter multiple cast mem	bers.				
First Name	Residency	CT O NT O	QLD O SA O \	∕IC ∩ TAS ∩	) WA
	0 11011 0 7		425 0 5/1 0 1	0	Outside Australia
					Australia
Last Name	Key Priority				
	<ul> <li>First Nations</li> <li>Person with Culturally and Linguistically Diverse background (CALD)</li> </ul>				und (CALD)
	☐ Person liv	ving with disabil +	ity		
Chavaster	☐ Western☐ Regional				
Character					
Character	☐ None of t	NSW the above			
Character	☐ None of t☐ Prefer no	NSW the above of to say	e this informa	ation with	the
	□ None of t □ Prefer no Please o	NSW the above to say nly provide	e this informa		
Proposed or confirmed  O Proposed O Confirmed	□ None of t □ Prefer no Please o consent	NSW the above to say nly provide			
Proposed or confirmed  O Proposed O Confirmed	□ None of t □ Prefer no Please o consent 'prefer n	NSW the above of the provide of the indiv			
Proposed or confirmed	□ None of t □ Prefer no Please o consent	NSW the above of the provide of the indiv		wise pleas	se choose
Proposed or confirmed  O Proposed O Confirmed	□ None of t □ Prefer no Please o consent 'prefer n	NSW the above t to say nly provide of the indiv ot to say'.	vidual, other  ○ Non-Binary	wise pleas	se choose
Proposed or confirmed  O Proposed O Confirmed	□ None of t □ Prefer no Please o consent 'prefer n  Gender ○ Female	NSW the above the above to say nly provide of the indiviot to say'.  O Male	O Non-Binary	wise pleas Prefer not to answer	o Other:
Proposed or confirmed  O Proposed  Confirmed  Bio  Word count:	□ None of t □ Prefer no Please o consent 'prefer n  Gender ○ Female  Please o consent	nisw the above the above to to say nly provide of the individual of the say'.  O Male  nly provide of the individual of	O Non-Binary of this information of the vidual, other	o Prefer not to answer ation with wise pleas	o Other: the
Proposed or confirmed  O Proposed  Confirmed  Bio	□ None of t □ Prefer no Please o consent 'prefer n  Gender ○ Female  Please o consent choose '	of the individual of the indiv	O Non-Binary of this information answer.' I	Prefer not to answer ation with wise pleas	o Other: the se er to self-
Proposed or confirmed  O Proposed  Confirmed  Bio  Word count:	□ None of t □ Prefer no Please o consent 'prefer n  Gender ○ Female  Please o consent choose '	of the individual of the indiv	O Non-Binary of this information of the vidual, other	Prefer not to answer ation with wise pleas	o Other: the se er to self-
Proposed or confirmed  O Proposed  Confirmed  Bio  Word count:	□ None of t □ Prefer no Please o consent 'prefer n  Gender ○ Female  Please o consent choose '	of the individual of the indiv	O Non-Binary of this information answer.' I	Prefer not to answer ation with wise pleas	o Other: the se er to self-
Proposed or confirmed O Proposed O Confirmed  Bio  Word count: Must be no more than 200 words.	□ None of to Prefer no Please o consent 'prefer no Gender ○ Female  Please o consent choose 'describe	nisw the above the above to say nly provide of the indiv ot to say'.  O Male  nly provide of the indiv prefer not , please us	o Non-Binary of this information answer.' It is the open f	Prefer not to answer ation with wise pleas f you pref ield option	o Other: the se er to self- n.
Proposed or confirmed O Proposed O Confirmed  Bio  Word count: Must be no more than 200 words.  Please provide any relevant cast deal results.	□ None of to Prefer no Please o consent 'prefer no Gender ○ Female  Please o consent choose 'describe	nisw the above the above to say nly provide of the indiv ot to say'.  O Male  nly provide of the indiv prefer not , please us	o Non-Binary of this information answer.' It is the open f	Prefer not to answer ation with wise pleas f you pref ield option	o Other: the se er to self- n.
Proposed or confirmed O Proposed O Confirmed  Bio  Word count: Must be no more than 200 words.  Please provide any relevant cast deal recast dependent)	□ None of to Prefer no Please o consent 'prefer no Gender ○ Female  Please o consent choose 'describe	nisw the above the above to say nly provide of the indiv ot to say'.  O Male  nly provide of the indiv prefer not , please us	o Non-Binary of this information answer.' It is the open f	Prefer not to answer ation with wise pleas f you pref ield option	o Other: the se er to self- n.
Proposed or confirmed O Proposed O Confirmed  Bio  Word count: Must be no more than 200 words.  Please provide any relevant cast deal results.	□ None of to Prefer no Please o consent 'prefer no Gender ○ Female  Please o consent choose 'describe	nisw the above the above to say nly provide of the indiv ot to say'.  O Male  nly provide of the indiv prefer not , please us	o Non-Binary of this information answer.' It is the open f	Prefer not to answer ation with wise pleas f you pref ield option	o Other: the se er to self- n.
Proposed or confirmed O Proposed O Confirmed  Bio  Word count: Must be no more than 200 words.  Please provide any relevant cast deal recast dependent)	□ None of to Prefer no Please o consent 'prefer no Gender ○ Female  Please o consent choose 'describe	nisw the above the above to say nly provide of the indiv ot to say'.  O Male  nly provide of the indiv prefer not , please us	o Non-Binary of this information answer.' It is the open f	Prefer not to answer ation with wise pleas f you pref ield option	o Other: the se er to self- n.

#### Market

\* indicates a required field

#### **Market Attachments**

Do you have attached: *  □ Domestic Distributor(s) □ Commissionir At least 1 choice must be selected.	g Platform(s)
Domestic Distributor	
Please summarise the key terms of your mark	ketplace arrangements.  Inter "TBC" or if not applicable enter "NA".
Domestic Distributor *	Term of Agreement *
Territories *	Rights *
Advance/Minimum Guarantee *  \$ Must be a dollar amount.	Additional rights/commissions or non-standard terms or conditions
Payable *	
Commissions *	
ROW Sales Agent	
ROW Sales Agent *	Term of Agreement *
Territories *	Rights *
Advance/Minimum Guarantee *  \$ Must be a dollar amount.	Additional rights/commissions or non-standard terms or conditions
Proposed marketing expenses *  \$ Must be a dollar amount.	
Commisions *	

### Commissioning Platform

Please provide both primary and secondary platform deal summaries.

Please complete all fields. If unknown enter "TBC" or if not applicable enter "NA".

Commissioning Platform *	Term of Agreement *
Territories *	Rights
Number of runs *	Additional rights or non-standard terms or conditions
Number of runs	Additional rights of non-standard terms of conditions
Must be a number.	
Mase se a Hamsel.	
Licence fee *	
\$	
Must be a dollar amount.	
Licence fee per hour *	
\$	
Must be a dollar amount.	
Holdback on domestic channels *	
Number of months	
Holdback on international channels *	
Number of months	
Does the project have a presale? *	
○ Yes	○ No
Dunnala	
Presale	
Places complete all fields. If unknow	on enter "TBC" or if not applicable enter "NA".
riease complete an fields. If unknow	in enter TBC or it not applicable enter NA.
Presale *	Term of Agreement *
Territories *	Rights *
Amount *	Comments (including any commissions) *
\$ Must be a dollar amount.	
ויועטנ אל מ עטוומו מוווטעוונ.	

Marketing
-----------

Provide a brief summary of the audience *	ne marketing and publicity strategy for reach	ing youi
Word count:		
Please outline how the project the audience *	cts market partners will support the project to	o find
Word count:		
Anticipated scale of release *  Limited (<20 prints)  Specialty (20-99 prints)  Mainstream (100-199 prints)  Wide (200-399 prints)  Blockbuster (400+ prints)	•	
NSW Contribution		
* indicates a required field		
Production		
Is 100% of Production in NSW  ○ Yes	/? * ○ No	
Indicate what percentage of production is in NSW *	Must be a number.	
Estimated total NSW payroll *	\$ Must be a dollar amount.	
Estimated NSW payroll tax related to the project *	\$ Must be a dollar amount.	
Post Production		

○ Yes	○ No	O Not Applicable
Indicate what percentage of post is in NSW *	Must be a number.	
Cast and Crew		
Total Cast *	Total Crew *	Total Above the Line Key Creatives *
Must be a number.	Must be a number.	Must be a number.
Estimated NSW cast *	Estimated NSW crew *	Estimated NSW Above the Line Key Creatives
Must be a number.	Must be a number.	Must be a number.
Estimated non-NSW cast *	Estimated non-NSW crew *	Total Below the Line Key Creatives *
Must be a number.	Must be a number.	Must be a number.
Total Extras *	Estimated NSW post-production crew *	Estimated NSW Below the Line Key Creatives *
Must be a number.	Must be a number.	Much la a a musala ar
Will this include cast or crew under the ago of 15? *	Estimated non-NSW post-production crew *	Must be a number.
	Must be a number.	

### **Shooting Locations**

Please identify the suburb/city/town(s) that you intend to shoot your project in & intended number of shooting days in each location.

Address	State Electorate	Local Government Area	Region	Intended Number of Shoot Days
Suburb/Town, State/Province, Postcode, and Country are required.	This field will auto- lookup, based on the provided address.	This field will auto- lookup, based on the provided address.		Must be a number.

**Post Production Locations** 

Post Production Company Name	Address		e orate	Local Government Area	Region	Intended Number of Days
	Suburb/To State/Pro Postcode, Country a required.	vince, auto-lo and based	ovided	This field will auto-lookup, based on the provided address.		Must be a number.
	e the % of ers with 1	activity that				regions. <b>Only enter</b> are not applicable.
% Activity in NSW *		% Activit	y Outside NS	N *	Total % - m	ust equal 100
Must be a numb	oer.	Must b	e a numbe	er.	This num	nber/amount is
	e the % of ers with 1	activity that				regions. <b>Only enter</b> are not applicable.
	•					
% Activity in Sydney	* %	Activity in Wester	n Sydney *	% Activity in Regiona	NSW *	Total % - must equal 100
Must be a numb more than 100.		flust be a num nore than 100		Must be a numb more than 100.		This number/amount is calculated.
Does your prinvolve a We  ○ Yes  Western Syd	stern Sy	dney based	key crea	ative?*  ○ No	n Sydne	ey location or
regionally ba	sed key	creative? *		○ No	al NSW	location or involve a
Regional NS\	W - pleas	e expand o	n the de	tails		

Opportunities for Above and Below the Line skills development for NSW practitioners

Line skills developm		ion will provide for A	bove and Below the
Word count: Must be no more than 35	0 words.		
Will the production programs? *	participate in or deliv	ver on any training o	r educational
○ Yes		○ No	
Please provide deta	ils of the training or	educational program	(s). *
Morel county			
Word count: Must be no more than 35	0 words.		
Number of NSW pra	ctitioners who will be	e trained through the	se programs *
Must be a number.			
Production Time	line		
* indicates a required t			
Proposed Product	ion Schedule		
Pre Production Start *	Pre Production End *	No. of Weeks - Pre Production *	No. of Pre-Production Days *
Must be a date.	Must be a date.	Must be a number.	Must be a number.
Shoot Start *	Shoot End *	No. of Weeks - Shoot *	No. of Shoot Days *
Must be a date. An estimate is	Must be a date. An estimate is	Must be a number.	Must be a number.
satisfactory.	satisfactory.	No. of Weeks - Post Production *	
Post Production Start *	Post Production End *	Must be a number.	
Must be a date.	Must be a date.		
Number of Weeks Picture Edit in NSW *	Number of Weeks Sound Post in NSW *		

Proposed Delivery Date *				
Markley adaha				
Must be a date.				
An estimate is				
satisfactory.				

#### Legals

\* indicates a required field

#### Copyright and Chain of Title

#### **Legal Statement**

Screen NSW requires full Chain of Title to be supplied establishing the applicant company's right to make the film. Screen NSW will not consider applications where the applicant cannot provide evidence of rights in the material.

Audits and market reports from previous projects must be made available to Screen NSW on request. All information will be treated in the strictest confidence.

Is this project based on any underlying work? *	○ Yes	○ No
Does the applicant hold the rights? *	○ Yes	○ No
Title of the underlying work *		
Author of underlying work *		
Type of underlying work *	i.e. book, short film	

#### Chain of Title

If you have acquired the underlying rights to this project via an option please note Screen NSW generally requires that the initial option period of 18 months and an option to extend for at least a further 12 months.

Type of	Date the	Parties to the	Your rights	Document
agreement	agreement was	agreement		upload
	signed			

e.g. option	e.g. 1 Jan 2024. If	e.g. Between	e.g. length of	
agreement, wri	ter's the agreement is	applicant company	option, extension	
agreement, etc	. unsigned please	or individual	period, etc.	
	type "not yet	(Nguyen Pty Ltd)		
	signed".	and name of writer/		
		publisher, etc.		
		Î		

#### Co-Production

You share rights in the project with someone else under the following arrangements (e.g., co-production agreement; co-writers agreement):

Type of agreement	Date the agreement was signed		Your rights	Document upload
agreement, writer's	e.g. 1 Jan 2024. If the agreement is unsigned please type "not yet signed".	applicant company	e.g. length of option, extension period, etc.	

#### Applicant's Solicitor

Solicitor Name *	
Jonettor Hame	

#### **Solicitor 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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.

**Solicitor Address** 

Address

Solicitor Phone Number		
Solicitor Email		
Applicant's Accountant		
Accountant Name *		
Accountant Name		
Accountant ABN		
	The ABN provided will be used to	look up the following
	information. Click Lookup above to	
	entered the ABN correctly.	
	Information from the Australian Busin	ness Register
	ABN	
	Entity name	
	ABN status	
	Entity type	
	Goods & Services Tax (GST)	
	DGR Endorsed ATO Charity Type	More information
	ACNC Registration	More information
	Tax Concessions	
	Main business location	
	Must be an ABN.	
Accountant Address	Address	
Accountant Phone		
Number		
Accountant Email		
ACCOUNTAIN EMAIL		

COVID-19 Compliance

* indicates a required field	
In current circumstances, produc	tions must be COVID-19 compliant.
Please provide a preliminary Attach a file:	COVID-19 compliance plan *
COVID-19 Resources	
Please see additional COVID-19 re	esources:
• Australian Screen Production	n Industry COVID-Safe Guidelines
5   15   5	
Budget and Finance Pla	n
* indicates a required field	
Amount Requested from S	Screen NSW
case basis based on the Qualifyin	Program: Individual funding is determined on a case-by- ng NSW Production Expenditure (QNSWPE) but will not 1,000,000 - whichever is the lesser.
For the Regional Filming Fund:	
Spend is the total of the below th	% of the budgeted NSW Regional Spend. NSW Regional le line shooting expenses directly associated with filming NSW. See further details in the program guidelines.
Support is provided as a grant. The	he maximum grant per production is <b>\$175,000</b> .
in NSW - TV Drama and Regional requested for each program in th	field below, please include the combined total of your Made Filming Fund request. Then please specify the amounts be 'Screen NSW Grant Finance to Producer as Equity' Made in NSW - TV Drama' and 'Amount requested from the
Total Amount Requested *	\$ What is the total financial support you are requesting under this grant?
Does the project have Provisi  ○ Not eligible ○ Not ap	

Is this project also applying for Yes	or the NSW PDV Rebate? *  O No
	ation is made for PDV Rebate and the Made in NSW - TV budgeted expense can only be claimed under one program neously.
Please note below the amount of application).	eligible PDV spend in NSW (as noted in your PDV Rebate
	t in the 'Qualifying NSW Production Expenditure (QNSWPE)' er down the page, to ensure the PDV NSW spend is not
Amount of eligible PDV	\$
spend in NSW *	Must be a dollar amount.
Finance Plan	
	to calculated fields on this page: If there is a valid a message saying the response is invalid, it should resolve ling the page.
Total Budget *	QAPE Budget *
\$ Must be a dollar amount. What is the total budgeted cost (dollar project?	\$ Must be a dollar amount. ars) of your
Total Post Production Budget *	
\$	
Must be a dollar amount.	
Screen NSW Grant Finance	e to Producer as Equity
Amount requested from Made in NSW - TV Drama *	\$ Must be a dollar amount and no more than 1000000.
Amount requested from the Regional Filming Fund *	\$ Must be a dollar amount and no more than 175000. If you are not applying for the Regional Filming Fund, please input 0.
NSW PDV Rebate *	\$ Must be a dollar amount. If you are not applying for the NSW PDV Rebate, please input 0.
Screen NSW	\$
Development funding *	Must be a dollar amount

Must be a dollar amount.

### Made in NSW TV Drama Application - Round 92

Form Preview

If the project has not received any Screen NSW Development funding, please input 0.

**Other Screen NSW** Grants

Must be a dollar amount.

For example, Slate Development.

**Total Screen NSW Grant Funding** 

This number/amount is calculated.

State Spend

**Qualifying NSW Production Expenditure** (QNSWPE) \*

Must be a dollar amount.

If you are applying for the PDV Rebate concurrently, please do not include PDV NSW spend in this figure as a budgeted expense can only be claimed under one program or the other but not both

simultaneously

State spend % of Budget

This number/amount is calculated.

Made in NSW - TV Drama funding request % of **ONSWPE** 

This number/amount is calculated.

This figure is a percentage of 'Amount requested from Made in NSW - TV Drama' of the 'Qualifying NSW Production Expenditure (QNSWPE)' and cannot be more than 10%. As per the program guidelines, individual funding is determined on a case-by-case basis based on the QNSWPE but will not exceed 10% of the QNSWPE or \$1,000,000 - whichever is the lesser.

Amount of eligible Regional Spend in NSW \*

Must be a dollar amount.

% of Regional Filming **Fund request of the** eligible Regional Spend in NSW

This number/amount is calculated.

Applicants may request up to 35% of the budgeted NSW Regional Spend (up to a maximum of \$175,000).

#### Non-Screen NSW Finance

All deal memos, agreements and draft agreements in relation to marketing, distribution, licence agreements and presales for all amounts contributing to the finance plan are required.

	Type of finance	Equity or Grant	Territory	Amount	% of Budget	 Document upload	

### Made in NSW TV Drama Application - Round 92

Form Preview

		a dollar amount.	This number/ amount is calculated.	

**Total Non-Screen NSW Budget** 

This number/amount is calculated.

Federal Government Support Summary			
Total Budget	This number/amount is calculated. This figure is automatically pulled through from the 'Total Budget' amount at the top of this page.		
QAPE Budget	This number/amount is calculated. This figure is automatically pulled through from the 'QAPE Budget' amount at the top of this page.		
Producer Offset Percentage *	$\bigcirc$ 0 $$ $\bigcirc$ 30 $$ $\bigcirc$ 40 Please choose '0' if the project does not qualify for the Producer Offset.		
Producer Offset (% of QAPE Budget)	This number/amount is calculated. This figure is automatically calculated as 'Producer Offset Percentage' of the 'QAPE Budget' amount provided at the top of this page.		
Cashflow in finance plan *	For reference: 90% of Producer Offset		
Must be a dollar amount. At least 90% of the Producer Offset n cashflowed into the finance plan. Ple reference number calculated on the minimum amount you must enter he	ase see the right for the		

### Screen Australia contribution \*

\$

Must be a dollar amount.

Enter 0 if there is no Screen Australia contribution.

% Total Federal Government Support of	Budget
This number/amount is calculated. This figure is aut	
Screen NSW Finance Plan upload	
You must use a <u>Screen NSW Finance Plan Ter</u>	mplate.
Please upload your Screen NSW Finance Attach a file:	Plan here *
A-Z Budget	
You must upload here an A-Z budget that are applying for PDV and/or RFF, you mu Attach a file:	
If claiming the NSW PDV Rebate, then you must al	so include a separate NSW PDV expenditure column.
Additional information (if any)	
Additional information not noted in the the project (if any)	Finance Plan above on the financing of
Word count:	
Please upload any additional deal memorin relation to marketing, distribution, licamounts contributing to the finance planattach a file:	ence agreements and presales for all
Co-Production Budget	
Co-Production NSW Spend *  \$ Must be a dollar amount.	Co-Production Australian Spend *  \$ Must be a dollar amount.
Please upload the NSW Budget with QNSWPE * Attach a file:	Please upload the Australian Budget with QAPE * Attach a file:

**Current or Previous Funding Submissions** 

Please detail any current or previous funding submissions for this project to screen agencies (including Screen NSW). Please include development funding.

Date of application	Organisation / agency	Program	If successful, amount received
Must be a date.			Put "\$0" if 'unsuccessful' or 'pending'. Must be a dollar amount.
			\$

If your project has not acquitted previous Screen NSW funding details of your outstanding contractual obligations here	ng, please provide
Supporting Documentation	
* indicates a required field	
Story Materials	
Please upload your one page synopsis * Attach a file:	

Please upload your feature or telemovie script \*
Attach a file:

Project Name-Document Title-YYYY-MM-DD

Please provide at least:

- 3 scripts
- The outline or series bible

Project Name-Document Title-YYYY-MM-DD

Please note there is a maximum file upload size of 25MB. If your file exceeds this, please provide via a link in the AV material section below.

Document title	Attachment
Script 1	
Script 2	
Script 3	
Outline or Series Bible	

### Made in NSW TV Drama Application - Round 92

Form Preview

Project Name-Document Title-YYYY-MM-DD

#### Producer's Statement

Please upload your Producer's Statement.

This should detail their vision for the project, including its connection with its intended audience.

Document name Attachment

#### Creative Statement

Please provide a statement from the project's creative team detailing their creative vision for the project.

## Document name Attachment Project Name-Document Title-YYYY-MM-DD Project Name-Document Title-YYYY-MM-DD

#### Legal

Please provide the certificate of incorporation of the applicant company.

Document name	Attachment
	Project Name-Document Title-YYYY-MM-DD

#### **Completion Guarantor**

Please upload the Letter of Interest from Completion Guarantor or letter from applicant requesting waiver of the requirement for a Completion Guarantor.

Document name	Attachment
	Project Name-Document Title-YYYY-MM-DD

#### **Finance**

Please provide the following here:

- Sales projections
- All documents/contracts evidencing different sources of finance as per finance plan (if not already provided on the 'Budget and Finance Plan' page)
- Terms of cashflow providers and/or accountants letter verifying solvency of company to cover cashflow in Finance Plan

Document name Attachment

Project Name-Document Title-YYYY-MM-DD	

#### Offset Projects

Please provide the following documentation:

- Producer Offset provisional certification application
- Producer Offset certificate (if issued)

Document name	Attachment

#### **AV Material**

Additional material unable to be uploaded above can be provided here via link.

AV Material Name	Please provide the link here	Does the link require a password?	Please enter the password here (if any)	ePassword expiry date (if any)
	Must be a URL.			

#### **NSW Data Collection**

\* indicates a required field

#### **Government Reporting**

The below section is now mandatory across NSW Government funding applications.

Advice on how to fill out the NSW Government required section below:

- Title: Your project title
- Brief description: This can be a copy of your one-line synopsis or similar.
- Anticipated start date: Shoot start
- Anticipated end date: Shoot end
- Primary location of your initiative: A location where a significant portion of your production is being shot, or otherwise your production office or similar.

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.

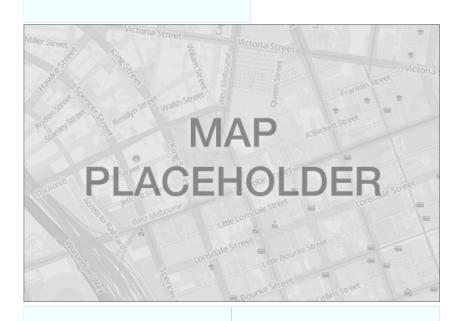
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

#### 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.

#### **NSW Employment Data Collection**

We ask the following questions to help us report on the overall funding requested and provided to the sector. This information is not used to assess your application.

Key terms:

- **Regional NSW** is defined as all areas in NSW outside the Sydney Metro area (excluding the ACT).
- **Western Sydney** is defined as the fourteen Local Government Areas: Auburn, Bankstown, Blacktown, Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Holroyd, Liverpool, Parramatta, Penrith, The Hills and Wollondilly.
- Young people is a term generally recognised as 18-25 year olds.

Estimate how many	NSW jobs your proje	ct will create? *
Must be a number. How many jobs will this o	create in NSW?	
Will the project prov Sydney? *	vide employment opp	ortunities for people living in Western
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does Sydney? *	s the project intend t	o create for people living in Western
Must be a number.		
Will the project prov	vide employment opp	ortunities for people living in Regional
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does NSW? *	s the project intend t	o create for people living in Regional
Must be a number.		
Will the project prov backgrounds? *	vide employment opp	ortunities for people from First Nations
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does backgrounds? *	s the project intend t	o create for people from First Nations
Must be a number. Estimate the number of j	obs.	
Will the project provinguistically diverse		ortunities for people from culturally and
Yes		<ul><li>Unknown</li></ul>

How many jobs does linguistically diverse		create for people from culturally and
Must be a number.		
Will the project providisabilities? *	ide employment oppor	tunities for people living with
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does disabilities? *	the project intend to	create for people living with
Must be a number.		
Will the project prov	vide employment oppor	tunities for women? *
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does	the project intend to	create for women? *
Must be a number.		
		tunities for LGBTQIA+ people? *
○ Yes	○ No	<ul><li>Unknown</li></ul>
How many jobs does	the project intend to	create for LGBTQIA+ people? *
Must be a number.		
Yes	√ide employment oppor ○ No	tunities for young people? *  O Unknown
How many jobs does	the project intend to	create for young people? *
Must be a number.		
Declaration and	Authorisation	
* indicates a required	field	
Declaration		

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct:
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

#### Authorisation

l agree *	□ Yes			
Name of authorised person *		First Name	Last Name	appropriately
Position *	authorised Position he	ld in applicant organ	nisation (e.g. CEO, T	reasurer)
Phone number *	We may co	Australian phone nuntact you to verify the licant organisation		is authorised
Email *	Must be an	email address.		

#### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you fi	nd the online a	application proces	ss?				
<ul><li>Very easy</li></ul>	<ul><li>Easy</li></ul>	<ul><li>Neutral</li></ul>	<ul><li>Difficult</li></ul>	<ul> <li>Very difficult</li> </ul>			
How many mir	utes in total d	id it take you to o	complete this app	olication?			
Estimate in minut	es i.e. 1 hour 60						
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.							