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 <u>investment@screen.nsw.gov.au</u>.

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

Application Number

This field is read only.

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 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:

- 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-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 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

Please confirm you have read the Program 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? *

O Made in NSW - TV Drama

O Made in NSW - TV Drama and Regional Filming Fund

You must contact a Screen NSW Investment Manager to discuss your project prior to submitting your application. Please indicate who you have spoken with: *

- Hayley Johnson
- Amelia Rowe ○ Daniel Krige
- Lauren Edwards
- Lynda Carruthers \bigcirc Other:

Please contact investment@screen.nsw.gov.au if you are not sure of who to contact about your project.

Previous applications

Has this project been submitted to any Screen NSW development or production funding program before? *

∩ Yes

 \cap No

O No

Has this project previously received funding from Screen NSW? *

○ Yes

Has your project been declined two or more times this grant program? *

- Yes it has been declined two or more times
- No it has only been declined once or never declined (withdrawn or pending outcome)

Please contact us at investment@screen.nsw.gov.au before submitting your application and answer the question below.

Please detail how the project has been substantially reworked and improved since your last funding submission in terms of the creative materials, market interest and project team (if applicable), etc. *

Word count:

Unable to Continue

As per the Terms of Trade, if your project has been declined twice you cannot submit another application for the same project.

Please contact us at investment@screen.nsw.gov.au if you have any questions.

Applicant Eligibility

You must be one of the following: *

 An Australian company based in NSW and actively operating in NSW for at least six months prior to the funding application

 $\odot~$ 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

 $\odot\,$ A non-NSW based Australian Company, meeting at least a minimum level of NSW spend of 80% of total production costs

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:

□ 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

You must be able to fulfil all of the above project eligibility criteria. For the definition of footloose, please see the glossary in the <u>Program Guidelines</u>.

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

O Yes Please see the Terms of Trade for details.

Regional Filming Fund

The **Regional Filming Fund** 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 <u>Regional Filming Fund</u> guidelines for further details.

Please confirm the following: *

□ At least one of the Key Creatives is NSW-based

□ The production company is registered in NSW and has its principal place of business in NSW or for production companies that are not based in NSW, the production has an eligible NSW Spend of at least \$5 million

 $\hfill\square$ At least 50% of the total budget is be expended in NSW

□ Production is fully financed at the time of application, with the exception of contributions being sought from Screen NSW and other state, federal or international agencies (Note: we will only consider an application where those agencies have confirmed their contribution or if the application has been submitted to a funding round running concurrently with the Screen NSW round)

□ If a feature film, distribution must be in place

□ If a television drama, narrative comedy or factual/documentary programs, financial commitment from a broadcaster, subscription service or distributor must be in place

Please confirm the following: *

• The production will film on location in Regional NSW for a minimum of five shooting days in a single Local Government Area (LGA)

Please find the LGA map here

Please provide a Regional NSW LGA that you will be shooting in *

Further locations details are requested later in the application form.

Number of shooting days in this LGA *

Must be a number and at least 5.

Contact Details

* indicates a required field

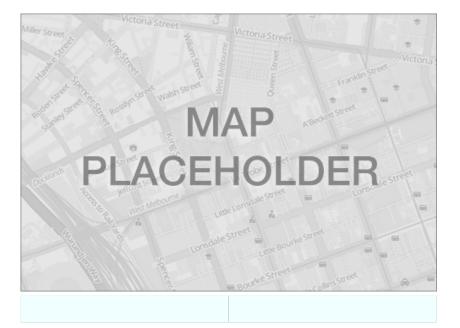
Organisation Details

Organisation Name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address Address



Postal Address

Address

Primary Phone Number *

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

Other Phone Number

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

Email Address *

Must be an email address.

Website

Must	be	а	URL.		

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

 \bigcirc Yes

O No

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 Bu	isiness 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 Bus	iness Register			
ABN	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 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 Mobile *

Must be an Australian phone number.

Company Landline

Must be an Australian phone number.

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 (Special Purpose Vehicle)? *

- ⊖ Yes
- No, and you do not intend to form an SPV as the contracting entity
- No, but you intend to form an SPV to be the contracting entity in future

Parent Company

Parent Company Name *

Parent Company 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 Bus	siness 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.

Parent Company phone number *

Parent Company email *

Co-Production

* indicates a required field

Please see the Screen Australia guidelines for 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 official co-production status by Screen Australia? * ○ Yes

○ No

If yes, which country / countries? *

Please upload a Screen Australia Report or notes on the official co-production status of the project *

Attach a file:

Project Details

* indicates a required field

Project Title *

Former Titles

Synopsis

Synopsis - One S	Sentence *						
Word count: Please provide a sho	ort statement captur	ing the core s	story of t	he project.			
Synopsis - One I	Paragraph *						
Word count:							
Genre and Pla	tform						
What is the proj O Cinema	ect's primary re O Television - Free-to-air	lease platfe ○ Televisie Pay	on -	 Video on Demand (VO Online Conte Provider - Free 	D)/E nt (Video Demand Dnline Co Provider 	(VOD) / ontent
Release platform	n name *						
e.g., broadcaster na	me, website name, a	app name, str	reamer n	iame.			
Fiction Feature	e option which b E	novie 🗆 Fie					
Genre *							
Action Adventu	ire 🗆 Romantic	Comedy 🗆	Myste	ry	Socia		ary and ncluding
ComedyDrama	ThrillerWestern		Science Family	ce Fiction /	□ Hi: □ Sc	ience an	l Identity d
□ Horror	🗆 Crime		Arts a	nd Culture		onment ner:	
Musical							
Shoot Format an O O 16mm 35mm	nd Gauge * CGI OHD	16mm D		○ SP ○ Betacam 65r) Animatio	O 0 ther:
		В	eracam				
Is your project predominantly animation? *							
⊖ Yes		0	No				
Project Length	า						

Duration *

For one-off productions this is the total duration of your project. For series, this is the duration of each episode.

Number of episodes *

Audience

Please outline your target audience and how you intend to reach them. *

Word count:

Target Audience - Age *

□ < 14 Years □ 14-17 years □ 18-24 years □ 25-34 years

□ 35-49 years □ 50+ years

Target Audience - Gender *

□ Skewed towards female □ Skewed towards male □ Gender Neutral

Are children the primary audience for this project? (i.e. up to 18 years old) * O Yes O No

Please specify the primary audience group(s): *

- Preschool children
- □ Children in early childhood (kindergarten to year 3)
- □ Children in middle primary (years 4 and 5)
- □ Children in middle years (years 5 to 9)
- \Box Children in senior years (year 10+)

Is your project a Children's 'P' or C' classification? *

- Yes, this is a Children's "P" classification project
- Yes, this is a Children's "C" classification project
- No, this is neither a Children's "P" or "C" classification project

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 that would require a content warning for staff and assessors?

○ Yes ○ No ○ Unsure Examples of sensitive content include sexual assault, self-harm, violence. If you are unsure, please 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 Screen Australia's Pathways & Protocols: a filmmaker's guide to working with Indigenous people, culture and concepts.

Does the project cover First Nations content? * ○ No

Does the project have a First Nations consultant? * \bigcirc No

⊖ Yes

Does the project have a First Nations Key Creatives (producer, director or writer)?

⊖ Yes

○ No

Please provide the names of the First Nations key creatives and their level of participation in the project. *

If no, please provide a detailed explanation as to why you have not engaged First Nations key creatives. *

Please provide details of the collaboration and consultation entered into including the names of communities and advisors attached to the project. You may be asked to provide agreements relating to research, chain of title, filming permissions etc. *

If this project is based on or about a particular First Nations community or communities an/or person, please upload relevant documentation from that providing support and permission for you to produce this project. Attach a file:

This is the "written confirmation of the willingness of subject(s) and the community" referred to in the program guidelines.

Please upload any First Nations consultants' CVs * Attach a file:

Please provide a detailed explanation as to why you have not engaged First Nations consultants. *

Project Team

* indicates a required field

Producer(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 * First Nations Person with Culturally and Linguistically Diverse background (CALD) Person living with disability
Email *	□ LGBTQIA+ □ Western Sydney □ Regional NSW

None of the above

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Phone * Website	consent of the indiv 'prefer not to say'. Gender Identity * O Female O Male	e this information with the vidual, otherwise please cl O Non-Binary O Prefer not O Ot to answer e this information with the	
Bio *	consent of the individual choose 'prefer not	vidual, otherwise please to answer.' If you prefer to e the open field option.	o self-
Must be no more than 200 words. CV upload * Attach a file: Writer(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 * Email * Phone *	 Person living with disabili LGBTQIA+ Western Sydney Regional NSW None of the above Prefer not to say Please only provide 	d Linguistically Diverse background (Cr ity e this information with the ridual, otherwise please cl	
Website	Gender Identity * O Female O Male	○ Non-Binary ○ Prefer not ○ Ot to answer	her:
Bio *	consent of the indiv choose 'prefer not	e this information with the vidual, otherwise please to answer.' If you prefer to e the open field option.) self-
Word count: Must be no more than 200 words. CV upload * Attach a file:			

Made in NSW TV Drama Application - Round 92 Form Preview

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 * First Nations Person with Culturally and Linguistically Diverse background (CALD) Person living with disability
Email *	 LGBTQIA+ Western Sydney Regional NSW None of the above Prefer not to say Please only provide this information with the
Phone *	consent of the individual, otherwise please choose 'prefer not to say'.
	Gender Identity * Female Male Non-Binary Prefer not Other:
Website 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 working on this project, such as other confirmed Key Creatives and Heads of Department?* O No

○ Yes

Please list any additional personnel, such as other confirmed Key Creatives and Heads of Department.

Click 'Add More' to enter multiple additional personnel.

First Name *	Residency * O NSW O ACT O NT O QLD O SA O VIC O TAS O WA O Outside Australia
Last Name * Role * Email *	Key Priority Areas * First Nations Person with Culturally and Linguistically Diverse background (CALD) Person living with disability LGBTQIA+ General Sydney Regional NSW None of the above Prefer not to say Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to say'.
	Gender Identity *

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Website / IMDb link	○ Female ○ Male ○ Non-Binary ○ Prefer not ○ Other: 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:	

Key Cast or Principal Participants

These are key cast consulted and have indicated involvement, their status may be either proposed or confirmed. We are aware some key cast are unknown at this point of application process.

Click 'Add More' to enter multiple cast members.

First Name	Residency O NSW O ACT O NT O QLD O SA O VIC O TAS O WA O Outside Australia
Last Name	Key Priority Areas First Nations Person with Culturally and Linguistically Diverse background (CALD) Person living with disability
Character	□ LGBTQIA+ □ Western Sydney □ Regional NSW □ None of the above □ Prefer not to say Please only provide this information with the
Proposed or confirmed O Proposed O Confirmed	consent of the individual, otherwise please choose 'prefer not to say'.
Bio	Gender Gemale O Male O Non-Binary O Prefer not O Other:
	to answer
Word count: Must be no more than 200 words.	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.

Please provide any relevant cast deal memos/agreements here (where finance is cast dependent)

Attach a file:

Market

* indicates a required field

Market Attachments

Do you have attached: *

□ Domestic Distributor(s) □ Commissioning Platform(s) At least 1 choice must be selected.

Domestic Distributor

Please summarise the key terms of your marketplace arrangements.

Please complete all fields. If unknown enter "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 * ಕ	Additional rights/commissions or	non-standard terms or conditions *
\$ Must be a dollar amount.		
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
Must be a number.	
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 presa	7 *

O Yes

⊖ No

Presale

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

Presale *	Term of Agreement *
Territories *	Rights *
Amount *	Comments (including any commissions) *
\$	
Must be a dollar amount.	

Marketing

Provide a brief summary of the marketing and publicity strategy for reaching your audience $\ensuremath{^*}$

Word count:

Please outline how the projects market partners will support the project to find the audience *

Word count:

Anticipated scale of release *

- Limited (<20 prints)
- Specialty (20-99 prints)
- O Mainstream (100-199 prints)
- O Wide (200-399 prints)
- Blockbuster (400+ prints)

NSW Contribution

* indicates a required field

Production

Is 100% of Production in NSW	/? * ○ 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

Is 100% of Post Productio ○ Yes	n (from picture edit to del ○ No	ivery) in NSW? 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.	
Will this include cast or crew under the age of 15? *	Estimated non-NSW post-production cre	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	e 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	State Electorate	Local Government Area	Region	Intended Number of 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.

NSW Activity Breakdown

Please indicate the % of activity that is directed towards the following regions. **Only enter** whole numbers with no % symbol. Enter 0 (zero) for any that are not applicable. The total must equal 100.

% Activity in NSW *	% Activity Outside NSW *	Total % - must equal 100
Must be a number.	Must be a number.	This number/amount is calculated.

Region Activity Breakdown

Please indicate the % of activity that is directed towards the following regions. **Only enter** whole numbers with no % symbol. Enter 0 (zero) for any that are not applicable. The total must equal 100.

% Activity in Sydney *	% Activity in Western Sydney *	% Activity in Regional NSW *	Total % - must equal 100
Must be a number and n	oMust be a number and n	oMust be a number and no	oThis number/amount is
more than 100.	more than 100.	more than 100.	calculated.

Does your project involve shooting or post in a Western Sydney location or involve a Western Sydney based key creative? * \bigcirc Yes \bigcirc No

Western Sydney - please expand on the details

Does your project involve shooting or post in a regional NSW location or involve a regionally based key creative? *

 \bigcirc Yes

 \bigcirc No

Regional NSW - please expand on the details

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

Please outline opportunities the production will provide for Above and Below the Line skills development. *

Word count: Must be no more than 350 words.

Will the production participate in or deliver on any training or educational programs? *

 \bigcirc Yes

○ No

Please provide details of the training or educational program(s). *

Word count: Must be no more than 350 words.

Number of NSW practitioners who will be trained through these programs *

Must be a number.

Production Timeline

* indicates a required field

Proposed Production 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 *

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.

⊖ Yes	⊖ No
⊖ Yes	⊖ No
i.e. book. short film	
	0.11

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

|--|

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
e.g. option agreement, writer's agreement, etc.	e.g. 1 Jan 2024. lf the agreement is unsigned please type "not yet signed".	e.g. length of option, extension period, etc.	

Applicant's Solicitor

Solicitor Name * 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 More information ACNC Registration Tax Concessions Main business location Must be an ABN.

Solicitor Address

Solicitor Phone Number		
Solicitor Email		
Applicant's Accountant		
Accountant Name *		
Accountant ABN		
	The ABN provided will be used to	look up the following
	information. Click Lookup above t	
	entered the ABN correctly.	
	Information from the Australian Busi	ness 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.	
Accountant Address	Address	
Accountant Phone		
Number		
Accountant Email		

COVID-19 Compliance

* indicates a required field

In current circumstances, productions must be COVID-19 compliant.

Please provide a preliminary COVID-19 compliance plan * Attach a file:

COVID-19 Resources

Please see additional COVID-19 resources:

<u>Australian Screen Production Industry COVID-Safe Guidelines</u>

Budget and Finance Plan

* indicates a required field

Amount Requested from Screen NSW

For the Made in NSW - TV Drama Program: Individual funding is determined on a case-bycase basis based on the Qualifying NSW Production Expenditure (QNSWPE) but will not exceed 10% of the QNSWPE or \$1,000,000 - whichever is the lesser.

For the Regional Filming Fund:

Applicants may request up to 35% of the budgeted NSW Regional Spend. NSW Regional Spend is the total of the below the line shooting expenses directly associated with filming and undertaking post in regional NSW. See further details in the <u>program guidelines</u>.

Support is provided as a grant. The maximum grant per production is **\$175,000**.

In the 'Total Amount Requested' field below, please include the combined total of your Made in NSW - TV Drama and Regional Filming Fund request. Then please specify the amounts requested for each program in the 'Screen NSW Grant Finance to Producer as Equity' section ('Amount requested from Made in NSW - TV Drama' and 'Amount requested from the Regional Filming Fund').

Total Amount Requested	\$	
	What is the total financia grant?	I support you are requesting under this

Does the project ha	ve Provisional QAP	PE Certificate? *
 Not eligible 	 Not applied 	 Applied for

 \bigcirc Certified

Is this project also applying for the NSW PDV Rebate? *

\$

○ Yes

O No

Please note that where an application is made for PDV Rebate and the Made in NSW - TV Drama program concurrently, a budgeted expense can only be claimed under one program or the other but not both simultaneously.

Please note below the amount of eligible PDV spend in NSW (as noted in your PDV Rebate application).

Please do not include this amount in the 'Qualifying NSW Production Expenditure (QNSWPE)' in the 'State Spend' section further down the page, to ensure the PDV NSW spend is not claimed twice.

Amount of eligible PDV spend in NSW *

Must be a dollar amount.

Finance Plan

Please note for any of the auto calculated fields on this page: If there is a valid number in the field, but there is a message saying the response is invalid, it should resolve after saving progress and refreshing the page.

Total Budget *	QAPE Budget *		
\$	\$		
Must be a dollar amount. What is the total budgeted cost (dollars) of your project?	Must be a dollar amount.		
Total Post Production Budget *			

\$

Must be a dollar amount.

Screen NSW Grant Finance 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.

	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 QNSWPE	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.

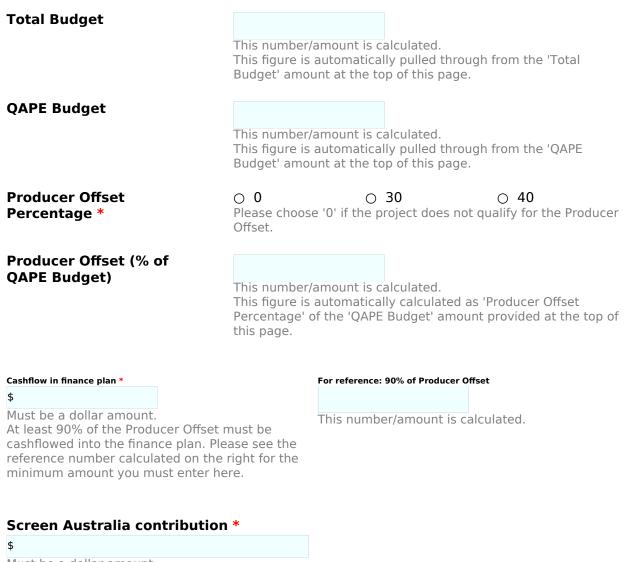
Source of finance	 Equity or Grant	Territory	Amount	% of Budget	 Document upload

		a dollar amount.	This number/ amount is calculated.	

Total Non-Screen NSW Budget

This number/amount is calculated.

Federal Government Support Summary



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 Template</u>.

Please upload your Screen NSW Finance Plan here * Attach a file:

A-Z Budget

You must upload here an A-Z budget that includes a QNSWPE column and if you are applying for PDV and/or RFF, you must include a column for each. * Attach a file:

If claiming the NSW PDV Rebate, then you must also include a separate NSW PDV expenditure column.

Additional information (if any)

Additional information not noted in the Finance Plan above on the financing of the project (if any)

Word count:

Please upload any additional deal memos, agreements and draft agreements in relation to marketing, distribution, licence agreements and presales for all amounts contributing to the finance plan Attach a file:

Co-Production Budget

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	lf 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, please provide details of your outstanding contractual obligations here

Supporting Documentation

* indicates a required field

Story Materials

Please upload your one page synopsis *

Attach a file:

Project Name-Document Title-YYYY-MM-DD

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

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	

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 Tit	le-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.

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.

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.

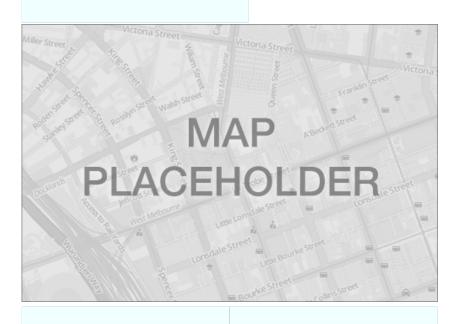
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

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 project	t will create? *
Must be a number. How many jobs will this c	reate in NSW?	
	vide employment oppo	rtunities for people living in Western
Sydney? * 〇 Yes	⊖ No	O Unknown
How many jobs does Sydney? *	s the project intend to	create for people living in Western
Must be a number.		
Will the project prov NSW? *	vide employment oppo	rtunities for people living in Regional
⊖ Yes	⊖ No	O Unknown
How many jobs does NSW? *	s the project intend to	create for people living in Regional
Must be a number.		
Will the project prov backgrounds? *	vide employment oppo	rtunities for people from First Nations
⊖ Yes	⊖ No	O Unknown
How many jobs does backgrounds? *	s the project intend to	create for people from First Nations
Must be a number. Estimate the number of j	obs.	
Will the project prov linguistically diverse		rtunities for people from culturally and
 Yes 		O Unknown
	Desig	26 -6 20

How many jobs does linguistically diverse		reate for people from culturally and
Must be a number.		
Will the project prov disabilities? *	vide employment oppor	tunities for people living with
⊖ Yes	⊖ No	O Unknown
How many jobs does disabilities? *	s the project intend to c	reate for people living with
Must be a number.		
Will the project prov	vide employment oppor O No	tunities for women? * O Unknown
How many jobs does	s the project intend to c	reate for women? *
Must be a number.		
Will the project prov	vide employment oppor O No	tunities for LGBTQIA+ people? * O Unknown
How many jobs does	s the project intend to c	reate for LGBTQIA+ people? *
Must be a number.		
Will the project prov	vide employment oppor O No	tunities for young people? * O Unknown
How many jobs does	s the project intend to c	reate 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

l agree *	🗆 Yes			
Name of authorised person *		First Name senior staff member volunteer	Last Name	appropriately
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, T	Freasurer)
Phone number *	We may co	n Australian phone n ontact you to verify t Ilicant organisation		is authorised
Email *	Must be ar	email address		

Applicant Feedback

Authorisation

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 find the online application process?

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very

○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes 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.