Form Preview

| APPLICATION OVERVIEW |
|--|
| * indicates a required field |
| Funding overview |
| Project Title * |
| |
| Project Type * |
| |
| Total Ask * |
| \$ |
| Must be a dollar amount. What is the total financial support you are requesting in this application? |
| Purpose of Funding * |
| |
| eg. draft script, story editor notes, series bible, writers room |

Individual or Organisation (Company)

Are you applying as an individual or organisation? *
○ Individual ○ Organisation

ELIGIBILITY

* indicates a required field

CBR Screen Fund Guidelines and Terms of Trade

Please carefully review the CBR Screen Fund Development Load Guidelines and Terms of Trade before proceeding further with an application *

O I confirm that I have read the CBR Screen Fund Guidelines and Terms of Trade and understand the fund's objectives, eligibility and assessment criteria

Click here to download the CBR Screen Fund Development Loan Guidelines

APPLICANT DETAILS

* indicates a required field

INDIVIDUAL APPLICANTS

| Applican | | | | | | | | |
|----------------------|----------------------|--|-------------------------------|-----------------------|--|--|--|--|
| Title | First Name | Last Name | | | | | | |
| | | | | | | | | |
| Business | Name | | | | | | | |
| | | | | | | | | |
| If applicabl | е | | | | | | | |
| Applicant | t ABN * | | | | | | | |
| | | | | | | | | |
| | | sed to look up the ed the ABN correct | following information. ly. | Click Lookup above to | | | | |
| Informatio | n from the Australia | an Business Register | | | | | | |
| ABN | | | | | | | | |
| Entity nam | | | | | | | | |
| | ABN status | | | | | | | |
| Entity type | | | | | | | | |
| DGR Endo | Services Tax (GST) | | | | | | | |
| ATO Charit | | More inform | ation | | | | | |
| ACNC Regi | | More illioriii | <u>ation</u> | | | | | |
| Tax Conce | | | | | | | | |
| | ness location | | | | | | | |
| Must be an | Must be an ABN. | | | | | | | |
| | | | | | | | | |
| ○ Yes | ed for GST * | | ○ No | | | | | |
| | | | | | | | | |
| Applicant Address | t Primary Addre | ?SS * | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Address Lir | ne 1, Suburb/Town, | State/Province, Post | code, and Country are re | quired. | | | | |
| Applican | t Phone Numbe | r* | | | | | | |
| | | | | | | | | |
| Applicant | t Contact Email | * | | | | | | |
| -1-1-1-1-1-1 | | | | | | | | |
| Must be an | email address. | | | | | | | |

ORGANISATION (COMPANY) APPLICANT

| Applicant Organisation * | | |
|---|---|---------|
| Organisation Name | | |
| | | |
| Applicant Organisation ABN | N | |
| | | |
| The ABN provided will be used check that you have entered t | l to look up the following information. Click Lookup a he ABN correctly. | bove to |
| Information from the Australian B | 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. | | |
| Posistored for GST2 * | | |
| Registered for GST? * ○ Yes | ○ No | |
| | | |
| Organisation Primary Address | ess * | |
| Addi ess | | |
| | | |
| Address Line 1 Suburb/Town Sta | te/Province, Postcode, and Country are required. | |
| Address Ellie 1, Sasars, Town, Sta | te, rovince, rosteode, and country are required. | |
| Contact Number * | | |
| | | |
| Annilos et Comes en Deines e | P!! * | |
| Applicant Company Primary | y Email * | |
| Must be an email address. | | |
| mast be an email addless. | | |
| Registered Business Addre Address | ss * | |
| | | |
| | | |

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

| List of Company Directors | |
|--|----|
| | |
| | |
| Legal Advisor | |
| | |
| Accountant | |
| | |
| Attach a copy of the Company's Certification of Incorporation * Attach a file: | |
| | |
| | |
| PROJECT DETAILS | |
| * indicates a required field | |
| Project Title * | |
| | |
| Please list any previous titles this project may have been known a | ıs |
| | |
| Project Logline * | |
| | |
| Word count: | |
| Please detail your project description | |
| Project Type * | |
| | |
| What will this funding be used for? | |
| For Example, pilot episode, production bible, feature film etc. | |
| State of Origin * | |
| | |
| Genre * | |
| | |

| Release Type * |
|--|
| |
| |
| Length * |
| |
| eg. 1 x 90 min or 6 x 30 min |
| |
| Is this a sequel, remake, sequential series or format? |
| |
| |
| Project Synopsis (one paragraph & one page) * Attach a file: |
| |
| A maximum of 2 files may be attached. |
| |
| Planned Deliverables * |
| |
| |
| Word count: For example: draft screenplay, series bible, episode breakdown, schedule, anticipated cast and |
| director |
| |
| Planned Delivery Date * |
| |
| Must be a date. |
| Upload a Director's Statement / intended stylistic approach |
| Attach a file: |
| |
| Upload as a PDF (.pdf) document . Attach a statement from the Director detailing their creative vision |
| for the project (include creative pitch material e.g. mood boards, etc. if you have it). |
| |
| Upload a Producer's Statement * Attach a file: |
| Attach a me: |
| |
| Upload as a PDF (.pdf) document. Attach a statement from the producer(s) detailing their vision for the project (including notes about the target audience). |
| project (meldaling notes about the target addictive). |
| Upload 10 pages of draft script (3 to 4 scenes) or a full draft if available |
| Attach a file: |
| |
| Upload as a PDF (.pdf) document. |
| Date lled Treatment |
| Detailed Treatment Attach a file: |
| Accuent a me. |
| Unload as a PDF (ndf) document |
| |

| Series Bible (for series television) |
|---|
| Attach a file: |
| Upload as a PDF (.pdf) document. |
| KEY CREATIVES / PERSONNEL |
| CBR Screen Fund applications should include details of all key creatives (including producers, writers and directors). Please list below. |
| KEY CREATIVES * |
| |
| Example: Name, Position, Residency. You may add CV's in the 'File Upload' section below |
| Please list any attached or contracted cast in your project. |
| |
| CAST/ VOICE ACTORS |
| Example: Actor Name, Character Name, Residency. You may add CV's in the 'File Upload' section below |
| Key Creative and Key Cast CV Upload Attach a file: |
| |
| |
| BUDGET FINANCE |
| * indicates a required field |
| DEVELOPMENT BUDGET BREAKDOWN |
| Finance Requested * |
| \$ Must be a dollar amount. |
| Total Development Budget * |
| \$ Must be a dollar amount. |
| What is the % of finance requested to total budget (of the stage your application aims to fund) * |
| |

| Total QACTE (Qualifying Australian Capital Territory Expenditure) * |
|---|
| Must be a dollar amount. |
| Dollars spent in the ACT for every \$1 invested from the Screen Investment Fund? |
| |
| Target is \$7, Click <u>here</u> to view and download the QACTE Guidelines |
| Has this project perviously received any funding from Screen Canberra? * |
| If the project has received funding from Screen Canberra, then please provide the details? |
| |
| Amount of previous funding provided? |
| \$ Must be a dollar amount. |
| DEVELOPMENT BUDGET UPLOAD |
| Please download the following Development Budget Template to use in this application. You may submit the file as an excel spreadsheet. |
| Provide your Development Budget, with ACT expenditure, participant contribution and other sources of funding clearly identified * Attach a file: |
| |
| |
| LEGAL REQUIREMENTS, COPYRIGHT CHAIN OF TITLE |
| * indicates a required field |
| Is this an original concept of the applicant? * O Yes O No |
| |
| If this is not your original concept, please provide more details including details of option agreement / writer's agreement etc: |
| |
| CHAIN OF TITLE |

Form Preview

Type of Chain of Title

Document

During the contracting process we may need to verify that you are the rights holder to this project and you may need to provide chain of title documentation and other agreements.

NB: You can add additional rows to allow for further Chain of Title documentation to be uploaded if necessary.

Comments

Please upload file here

| Option agreement | | |
|------------------------------|-----------------------|--|
| | | |
| | | |
| SALES MARKETING | | |
| SALES MARKETING | | |
| * indicates a required field | | |
| Market | | |
| | | |
| What is the intended marke | et for the project? * | |
| | | |
| | | |
| Word count: | | |
| What is the distribution pla | n for the project? | |
| | | |
| | | |
| Word count: | | |
| | | |
| Broadcaster/distributor eng | jagement | |
| | | |
| Word count: | | |
| vvoia count. | | |

Market appetite or critical appreciation for similar projects

ADDITIONAL MATERIALS

Word count:

Attach a file:

Additional material

Word count:

| Please | upload | any | additional | materials | you | wish | to | include | in : | your |
|---------|--------|-----|------------|-----------|-----|------|----|---------|------|------|
| applica | ation | | | | | | | | | |

| Description of File | Upload File Here |
|---|--|
| | |
| | |
| | |
| | |
| INDIGENOUS CONTENT | |
| * indicates a required field | |
| Indigenous Content, Pathways and | Protocols |
| Screen Canberra requires applicants to show Indigenous people's images, knowledge and s in both documentary and drama form. | recognition and respect when working with tories in the production of audiovisual material |
| The framework set out in Screen Australia's prillimmaker's guide to working with Indigenous develop your own protocols when: | |
| working with Indigenous content, a film or Indigenous characters or featuring Indigen | program based on an Indigenous story, with nous culture in any form |
| working with Indigenous people, whether | as cast, extras, crew, or documentary subjects |
| working in Indigenous communities, eithe the community as a location | r as the subject of a film or through the use of |
| working on Indigenous lands. | |
| Does your project contain Aboriginal or ○ Yes | Torres Strait Islander content? * O No |
| Download Screen Australia's Pathways a working with Indigenous people, culture | |
| If your project contains Aboriginal or Tor O I confirm that I have read and agree to abid document, as provided by Screen Australia | |
| If your project contains Aboriginal or Tor community consultation and permissions relevant communities. | res Strait Islander content, please detail a acquired below as well as IP owned by |
| | |

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| Upload a compliance plan and relevant odocuments Attach a file: | community consultation and permission |
|--|---------------------------------------|
| | |
| | |
| COMMENTARY | |
| Commentary | |
| Project's economic, cultural and creative | e benefits to the ACT |
| | |
| Word count: Must be no more than 300 words. | |
| | |
| Track record and potential of the key cr | eative team |
| | |
| Word count: Must be no more than 500 words. | |
| Proposed use of ACT talent, services an | d facilities |
| | |
| Word count: | |
| Must be no more than 300 words. | |
| Contribution to the profile of Canberra | nationally and internationally |
| | |
| Word count: | |
| Must be no more than 400 words. | |
| | |

STATISTICAL INFORMATION

Key Creative Team Statistical Information

Please provide statistical data on your project's key creatives (e.g. Writer, Director, Producer).

The statistical information provided will be de-identified and form part of aggregated data for reporting and research purposes only. It is not assessment criteria and your responses will not affect the assessment of your application.

By providing this information, you will be helping Screen Canberra to measure its engagement with and support of diversity and inclusion in the screen sector.

Form Preview

Key Creative

| Role | | | Does this person identify with any of the groups below? Person of Aboriginal or Torres Strait Islander origin Person with a disability Person with a culturally and linguistically diverse background Person who identifies as LGBTQIA |
|---------------------------|--------|-----------|--|
| Gender | o Mala | O. Others | |
| ○ Female | ○ Male | Other: | |
| Role | | | Does this person identify with any of the groups below? |
| | | | □ Person of Aboriginal or Torres Strait Islander origin □ Person with a disability |
| | | | Person with a culturally and linguistically diverse background |
| | | | ☐ Person who identifies as LGBTQIA |
| Gender ○ Female | ○ Male | Other: | |
| | | | |
| Role | | | Does this person identify with any of the groups below? |
| | | | Person of Aboriginal or Torres Strait Islander origin Person with a disability |
| | | | Person with a culturally and linguistically diverse background Person who identifies as LGBTQIA |
| Gender ○ Female | ○ Male | Other: | |
| | | | |

Content

Does your project feature major characters or on-screen talent that identify with any of the groups below?

☐ Person of Aboriginal or Torres Strait Islander Origin

☐ Person with a disability

☐ Person with a culturally and linguistically diverse background

☐ Person who identifies as LGBTQIA

DECLARATION

* indicates a required field

The Applicant:

- Declares they have read and understood Screen Canberra's funding Guidelines and Terms of Trade.
- Agrees and understands that any funding is discretionary and any approvals are subject to funding being available.
- Has the firm intention and is able to proceed with the proposed project and declares that the information provided, together with all attachments are, to the best of the applicant's knowledge and belief, true and correct.
- Undertakes to advise Screen Canberra of any significant changes to the proposed project, the information supplied or the materials submitted regarding the project.
- Warrants that it owns or holds all relevant rights in the original works and or copyright
 materials necessary to proceed with the proposed project as envisaged by this
 application and will keep Screen Canberra indemnified against all actions, suits,
 proceedings, claims or demands made against Screen Canberra by reason of any breach
 of the above.

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- Agrees that Screen Canberra will not be liable for any action or claim based on any industrial or intellectual property of the applicant arising out, or in connection with Screen Canberra's receipt, custody or consideration of the applicant's submission.
- Acknowledges and agrees that Screen Canberra may download, copy, store and use any material supplied or proffered by the applicant as part of this application and may provide access to such material to nominated third parties (as applicable).
- Acknowledges and agrees that typing their name on this form and submitting the form will constitute signature by electronic communication under the Electronic Transactions (Australian Capital Territory) Act 2001.
- Agrees that Screen Canberra reserves the right not to award the Registration Grants, travel grants or training positions if no suitable applications are received.
- Agrees that only people who have not received a Registration or Travel Grants from Screen Canberra in the last 3 years can submit an application.

Disclosure of project information:

Authorised Signatory

 You acknowledge and agree that Screen Canberra may publish for promotional purposes only, information about your project in ACT Government media releases, on Screen Canberra's website, on any Screen Canberra Social Media or in Screen Canberra's e-newsletter. This information may include project name, genre and synopsis, names and past credits of individuals comprising the key creative team. It is your responsibility to update Screen Canberra if there has been any changes to the information submitted in your application form.

| Author Title | ised Signatory First Name | * Last Name | |
|------------------------|------------------------------|----------------|--|
| Author | ised Signatory | Position * | |
| Date of | f Submission * | | |
| Must be | a date. | | |