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STATE OF MICHIGAN
MICHIGAN FILM OFFICE
702 WEST KALAMAZOO STREET
LANSING, MI 48909-8238
517-373-0638
jlockwood@michigan.gov

FILM PRODUCTION INCENTIVE APPLICATION UNDER PA 657 OF 2006 (MCL 205.54cc)

THIS FORM MUST BE COMPLETED BY ALL APPLICANTS PLANNING TO APPLY FOR THE MICHIGAN FILM PRODUCTION INCENTIVE. THIS FORM MUST BE APPROVED BY THE MICHIGAN FILM OFFICE BEFORE THE APPLICANT WILL BE ELIGIBLE FOR THESE INCENTIVES. SEE INSTRUCTIONS.

1. NAME OF MOTION PICTURE PRODUCTION COMPANY (APPLICANT) | TELEPHONE NUMBER | 2. FEDERAL TAX I.D. NO. OR MI TREASURY NO.

ADDRESS (STREET/PO BOX) | FAX NUMBER | EMAIL ADDRESS

CITY | STATE | ZIP CODE | WEBSITE

3. DOING BUSINESS AS (IF APPLICABLE) | TELEPHONE NUMBER

ADDRESS (STREET/PO BOX) | CITY | STATE | ZIP CODE

4. APPLICANT TYPE
- ☐ Individual ☐ LLC
- ☐ S Corporation
- ☐ C Corporation
- ☐ Partnership
- ☐ Other_____

5. NAME OF PERSON COMPLETING APPLICATION | TELEPHONE NUMBER | EMAIL ADDRESS

ADDRESS OF PERSON COMPLETING APPLICATION (STREET, P.O. BOX, CITY, STATE, ZIP CODE) | FAX NUMBER

6. ESTIMATED MICHIGAN PRODUCTION EXPENDITURES (MUST BE THE SAME AS LINE 25):
☐ $200,000.00-$1,000,000.00 ☐ $1,000,000.01-$5,000,000.00 ☐ $5,000,000.01-$10M ☐ $10M & HIGHER

7. PROJECTED NUMBER OF MICHIGAN HIRES DURING THE PROJECT.

MICHIGAN OFFICE(S)				
	8. ADDRESS (PO BOX) (if different from applicant above)	CITY	STATE	ZIP CODE
	9. ADDRESS (PO BOX) (if different from applicant above)	CITY	STATE	ZIP CODE

10. INDICATE IF COMPANY CARRIES GENERAL LIABILITY INSURANCE IN THE AMOUNT OF $1M OR HIGHER. PLEASE INCLUDE A COPY OF THE CERTIFICATE OF INSURANCE WITH THIS APPLICATION, EITHER BY ELECTRONIC ATTACHMENT OR BY MAIL. ☐ YES ☐ NO

11. CHECK **ONE** OF THE FOLLOWING WHICH DESCRIBES THIS PRODUCTION:

- ☐ Theatrical release feature film
- ☐ Cable film
- ☐ Cable series
- ☐ Cable mini-series
- ☐ Broadcast network MOW
- ☐ Broadcast network series
- ☐ Broadcast network mini-series
- ☐ Broadcast network pilot
- ☐ TV Commercial
- ☐ Documentary
- ☐ Other:_____

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12. PROJECT TITLE

13. LIST THE FULL NAMES OF THE KEY PERSONNEL ASSOCIATED WITH THIS PRODUCTION PROJECT TO DATE :

DIRECTOR	PRODUCTION COORDINATOR
EXECUTIVE PRODUCER	LOCATION MANAGER
PRODUCER(S)	PRINCIPAL ACTORS
DIRECTOR OF PHOTOGRAPHY	
PRODUCTION DESIGNER/ART DIRECTOR	

14. HAS FINANCING BEEN COMPLETED FOR THIS PRODUCTION PROJECT?
☐ YES ☐ NO

15. HAS FINANCING BEEN AUTHORIZED ("GIVEN THE GREEN LIGHT") BY THE ENTITY FINANCING THIS PRODUCTION PROJECT?
☐ YES ☐ NO

16. ENTER THE DATE THE PRODUCTION OFFICE IS EXPECTED TO BE OPERATING IN MICHIGAN (MONTH/YEAR)

17.ENTER THE DATE OF THE FIRST DAY OF PRINCIPAL PHOTOGRAPHY TO OCCUR IN MICHIGAN (MONTH/YEAR)

18. ESTIMATED # OF DAYS OF PRINCIPAL PHOTOGRAPHY IN MICH.

19. WILL YOU MAKE THIS PRODUCTION AVAILABLE FOR A MICHIGAN PREMIERE?
☐ YES ☐ NO

APPLICANT'S ACOUNTANT INFORMATION

20. CHIEF INTERNAL ACCOUNTANT

NAME: EMAIL:

ADDRESS:

CITY: STATE ZIP CODE:

PHONE NO: FAX NO:

21. FIRM OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS OR BOND COMPANY

NAME: EMAIL:

ADDRESS: CITY:

STATE ZIP CODE: CONTACT:

PHONE NO: FAX NO:

22. PAYROLL SERVICE

NAME: EMAIL:

ADDRESS: CITY:

STATE ZIP CODE: CONTACT:

PHONE NO: FAX NO:

23. PRODUCTION ACCOUNTANT

NAME: EMAIL:

ADDRESS:

CITY: STATE ZIP CODE:

PHONE NO: FAX NO:

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24. LIST YOUR EXPECTED EXPENSES FOR THIS MICHIGAN PROJECT. **INCLUDE ONLY YOUR ESTIMATED COSTS FOR IN-MICHIGAN EXPENDITURES, I.E., RENTAL/PURCHASEOF MICHIGAN EQUIPMENT, MATERIALS, PRODUCTS AND SERVICES, INCLUDING, BUT NOT LIMITED TO, MICHIGAN LODGING, MICHIGAN FOOD, AND MICHIGAN LABOR.**

List below (attach separate sheet(s) if necessary):		**List below (attach separate sheet(s) if necessary):**	
PROJECT ITEM	**COST**	**PROJECT ITEM**	**COST**
Michigan Labor Wages/Salaries	**$**	Michigan Food/Restaurant Expenses	**$**
Michigan Lodging Expenses	**$**	Michigan Equipment Rental/Purchase	**$**
Michigan Building(s) Rental	**$**	Michigan Location Fees	**$**
Michigan Contracted Services (Casting, Security, etc.: **itemize separately)**	**$**	Michigan Materials Rental/Purchase (Set Construction, Wardrobe, etc.)	**$**
OTHER PROJECT ITEMS	**COST**	**OTHER PROJECT ITEMS**	**COST**
Michigan	**$**	Michigan	**$**
Michigan	**$**	Michigan	**$**
Michigan	**$**	Michigan	**$**
Michigan	**$**	Michigan	**$**

25. TOTAL ESTIMATED MICHIGAN PRODUCTION EXPENDITURES (MUST BE A MINIMUM OF $200,000)	**$**
26. TOTAL ESTIMATED PROJECT BUDGET	**$**
27. INCENTIVE AMOUNT ANTICIPATED	**$**
28. INCENTIVE AMOUNT ALREADY RECEIVED OR PENDING THIS CALENDAR YEAR	**$**

29. Information and records submitted by a motion picture production company to the Michigan Film Office under the Michigan Film Incentives Act, 2006 PA 657 shall be considered confidential and exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, to the extent that they describe the commercial and financial operations of the company, they have not been publicly disseminated at any time, and their disclosure might put the company at a competitive disadvantage. **A company submitting materials must specifically designate any information and records that the company deems confidential by stamping or marking each page of information with the legend "Confidential." Items other than printed documents must be marked "Confidential" in a conspicuous manner appropriate to the items in question. Any information or records submitted by a company that is not specifically designated by the submitting company as confidential shall be treated as public information and subject to release by the Michigan Film Office.**

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I hereby agree to allow representatives of the Michigan Film Office access to the property and applicable records as may be necessary for the administration of this program.
- I certify, under penalties of perjury, that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.
- I certify that the applicant listed in this application is not delinquent in a tax or other obligation owed to the state of Michigan nor is owned under common control of an entity that is delinquent in a tax or other obligation owed to the state of Michigan.
- I certify that the applicant listed in this application is not an entity that is more than 30% owned, affiliated, or controlled by an entity who is in default on a loan made to the state of Michigan, a loan guaranteed by the state of Michigan, or a loan made or guaranteed by any other state.
- I certify that the motion picture does not depict obsene matter or an obsene performance as described in 1984 PA 343, MCL 752.361 to 752.374.

APPLICANT SIGNATURE

DATE

IF NOT ELECTRONICALLY SUBMITTING REQUIRED DOCUMENTS, MAIL ALL APPLICATIONS AND ALL RELATED INQUIRIES TO: MICHIGAN FILM OFFICE, 702 WEST KALAMAZOO STREET, LANSING, MI 48909-8238

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APPLICANT CHECKLIST

PLEASE MAKE SURE YOU HAVE INCLUDED THE FOLLOWING DOCUMENTATION AND ADDITIONAL MATERIALS WITH THIS APPLICATION:

- ☐ INSURANCE INFORMATION
- ☐ SCRIPT (WHATEVER BREAKDOWN IS AVAILABLE AT THIS POINT)
- ☐ ANY CONFIDENTIAL INFORMATION NECESSARY
- ☐ **A FILING FEE OF $50.00 PAYABLE TO THE MICHIGAN FILM OFFICE (NO CASH ACCEPTED)**

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