

**FUND FOR**

**SMALL BUDGET PRODUCTION**

**Call For Application**

| **Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |
| **Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please supply one electronic copy (in Word format) of the entire application including all attachments to [createphfilms@fdcp.ph](mailto:createphfilms@fdcp.ph) with the subject field labeled as *“CPHFilms-SBP CALL FOR APPLICATION <name of project>”.*

Some fields may not be relevant to your project, please mark those with N/A, however, **mandatory fields are marked with an asterisk (\*)**.

When submitting a fully accomplished application, all documents including attachments/annexes must be grouped into a single PDF file (except for the Application Form which should be in Word Format and submitted separately from the PDF file) with all annexes grouped and labeled with the name of the project in all capital letters (compress the file size to around 10MB if possible) or a file-sharing link well organized with all the annexes properly named as per the requirement checklist and the name of your project.

DO NOT send any element or item from your application individually or in separate emails. The FDCP will disregard these and consider your application incomplete.

Your official date of submission will be the date the FDCP confirms that your application is completely accomplished.

Ensure that all the requirements on the checklist are supplied in English or Filipino only.

Once the application is verified complete, please send a hard copy of your signed and notarized statutory declaration to:

**Envelope Label:**

**CreatePHFilms Fund for Small Budget Production Submission**

**“Project Name”**

**Applicant’s Name**

**Address:**

**Film Development Council of the Philippines**

**855 T.M. Kalaw Street, Ermita Manila, Philippines 1000**

| **Confidentiality:** All the information provided by the applicant will be held by the FDCP on a strictly commercial-in-confidence basis. Information will only be provided to the CreatePHFilms Committee, the Philippine government, and consultants if necessary. |
| --- |

**APPLICATION FORM CHECKLIST**

|  | **REQUIRED DOCUMENTS** | **✓** |
| --- | --- | --- |
| **1** | Filled up CreatePHFilms Fund for Small Budget Production - Call for Application Form | **☐** |
| **2** | Logline, Synopsis, and Script of the Project | **☐** |
| **3** | A copy of the Treatment of the Project | **☐** |
| **4** | Secured screening link to a video pitch of the project | **☐** |
| **5** | Resume and Filmography | **☐** |
| **6** | Director’s Statement | **☐** |
| **7** | Producer’s Statement | **☐** |
| **8** | Scriptwriter’s Certification *(Template provided)* | **☐** |
| **9** | Production Schedule *(Template provided)* | **☐** |
| **10** | Proposed Budget for Production and Financing Plan *(Template provided)* | **☐** |
| **12** | Marketing and Distribution Budget and Strategy | **☐** |
| **13** | Statutory Declaration *(Template provided)* | **☐** |

|  | **IF APPLICABLE** | **✓** |
| --- | --- | --- |
| **1** | A copy of the source material or previous script if it is a rewritten work. | **☐** |
| **2** | For adapted works, an authorization letter for the adaptation is issued by the copyright holder | **☐** |
| **3** | For confirmed financial resources, proof of the financing in place  *(Note: Applicants shall update FDCP if there will be a new financing partner in the production.)* | **☐** |
| **5** | For confirmed key personnel, cast and crew, letters of agreement(s) | **☐** |

|  | **IF AVAILABLE** | **✓** |
| --- | --- | --- |
| **1** | A copy of the documents relating to the “Chain of Title” and underlying rights | **☐** |
| **2** | A Copy of the Insurance Coverage | **☐** |
| **3** | Evidence of an International Sales Agent | **☐** |
| **4** | Documentary proof for the Distribution of the Project | **☐** |

**APPLICATION FORM**

| 1. **APPLICANT INFORMATION** | | |
| --- | --- | --- |
| **Applicant Company\*** |  | |
| **National Registry Registration No. (NRC)\*** |  | |
| **Address\*** |  | |
| **Contact Number\*** |  | |
| **Email\*** |  | |
| **Website\*** |  | |
|  | | |
| **Contact Person of the Applicant Company** | | |
| **Name\*** |  | |
| **Designation\*** |  | |
| **Address\*** |  | |
| **Contact Number\*** |  | |
| **Email\*** |  | |
|  | | |
| **Contact of the Producer** | | |
| **Name\*** |  | |
| **Designation\*** |  | |
| **Address\*** |  | |
| **Contact Number\*** |  | |
| **Email\*** |  | |
|  | | |
| **Applicant Bank Details**  *This shall be the bank account to which the grant shall be transferred if application is approved.* | | |
| **Account Name\*** |  | |
| **Account Number\*** |  | |
| **Bank Name\*** |  | |
| **Branch\*** |  | |
| **Bank Address\*** |  | |
| **Swift Code\*** |  | |
|  | | |
| **Is the applicant having outstanding obligations for another production grant from a previous cycle from the same Fund? \*** | | ☐ Yes  ☐ No |
| **Is the applicant having any overdue obligations from any FDCP assistance or funding program? \*** | | ☐ Yes  ☐ No |
| **If YES, please state the FDCP assistance or funding program:** | | |

| 1. **PROJECT INFORMATION** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE TYPE YOUR ANSWERS IN CAPITAL LETTERS.** | | | | | | | | | |
| **Project Title\*** |  | | | | | | | | |
| **English Title** |  | | | | | | | | |
| **Category\*** | ☐ Full-length (at least 40 to 79 minutes) | | | | | ☐ Mid-length (at least 80 minutes) | | | |
| **Type\*** | ☐ Fiction | | | | ☐ Documentary | | | | ☐ Animation |
| **Genre\*** |  | | | | | | | | |
| **Language\*** | ☐ English | | | | | ☐ Tagalog | | | |
| ☐ Other Filipino language;  please specify: | | | | |  | | | |
| **Intended Audience\*** | ☐ Local | | | | | ☐ International | | | |
| **Logline\***  (English; 1-2 sentences) |  | | | | | | | | |
| **Synopsis \***  (English; 1-2 paragraphs) |  | | | | | | | | |
|  | | | | | | | | | |
| **FORMAT:** | | | | | | | | | |
| **Filming Format\*** | ☐ 16mm | | | | | ☐ 35mm | | | |
| ☐ 4K | | | | | ☐ Others | | | |
| **Image\*** | ☐ Black & white | | | | | ☐ Colored | | | |
| **Total Running Time\***  (in minutes) |  | | | | | | | | |
|  | | | | | | | | | |
| **PRODUCTION:** | | | | | | | | | |
| **Director/s\*** | | |  | | | | | | |
| **Director’s Nationality\*** | | | ☐ Filipino | | | | | ☐ Non-Filipino | |
| **Is this project the Director’s first mid/full-length film?\*** | | | ☐ Yes | | | | | ☐ No | |
| **Scriptwriter/s\*** | | |  | | | | | | |
| **Principal Shooting Date/s\*** | | |  | | | | | | |
| **Principal Shooting Location/s\*** | | |  | | | | | | |
| **CAST & CREW:** | | | | | | | | | |
| **Producer/s\*** | | | **Function (e.g. line, executive, etc.)\*** | | | | | | **Status (P for Pending, C for Confirmed)\*** |
|  | | |  | | | | | |  |
| (If necessary, kindly add rows in the same format) | | | | | | | | | |
| **Cast\*** | | | **Function (e.g. lead actress, supporting actor, etc.)\*** | | | | | | **Status (P for Pending, C for Confirmed)\*** |
|  | | |  | | | | | |  |
| (If necessary, kindly add rows in the same format) | | | | | | | | | |
| **Crew\*** | | | **Function (e.g. cinematographer, editor, sounds, etc.)\*** | | | | | | **Status (P for Pending, C for Confirmed)\*** |
|  | | |  | | | | | |  |
| (If necessary, kindly add rows in the same format) | | | | | | | | | |
|  | | | | | | | | | |
| **CHAIN OF TITLE:** | | | | | | | | | |
| *If available, please attach any of the following documents relating to the Chain of Title: copyright registration certificate, assignment agreement of the film and/or the screenplay and concept adaptation, agreement or letter with copyright owner for right to represent and sell adaptation/acquisition rights agreements, quitclaims, etc.* | | | | | | | | | |
| **Is the work an original work by the Scriptwriter? \*** | | | | ☐ Yes | | | | | ☐ No |
| If **NO**, please state the original format of the source material: | | | | | | | | | |
| Original Title: |  | | | | | | | | |
| Original Author: |  | | | | | | | | |
| Nationality of Source Material/Author: |  | | | | | | | | |
| **Is the work rewritten from a previous script (not a previous draft)? \*** | | | | ☐ Yes | | | | | ☐ No |
| If **YES**, please state the original script title: | | | | | | | | | |
| Scriptwriter of Original Script: |  | | | | | | | | |
| Date of Original Script: |  | | | | | | | | |
| Nationality of Original Scriptwriter: |  | | | | | | | | |
| (If necessary, kindly add rows in the same format) | | | | | | | | | |
|  | | | | | | | | | |
| Owners of the Option of the Material | | Nationality | | | | | Address | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |
|  | | | | | | | | | |
| Owner/s of Copyright | Percentage (%) of Ownership | | | Nationality | | | | | Address |
|  |  | | |  | | | | |  |
|  |  | | |  | | | | |  |
|  |  | | |  | | | | |  |

| 1. **DISTRIBUTION INFORMATION** | | |
| --- | --- | --- |
| **PLEASE TYPE YOUR ANSWERS IN CAPITAL LETTERS.** | | |
| Distribution Platform/s**\***  (theatrical, VOD, etc.) |  | |
| Distribution Region/s and/or Countries**\*** |  | |
| Anticipated Date of Release**\*** |  | |
| Expected Number of Screens**\*** |  | |
| Is a sales agent currently attached to the project?**\***  ☐ Yes ☐ No | | |
| If the answer is YES, please provide evidence of an international sales agent below. | | |
| Agency Employed | Distribution Region | |
|  |  | |
| (If necessary, kindly add rows in the same format) | | |
| Are there plans to showcase /promote / market the project in any film festival or relevant exhibit?**\***  ☐ Yes ☐ No | | |
| If the answer is YES, please provide evidence of an international sales agent below. | | |
| Country of Origin | Name of Festival / Exhibition | Anticipated Date of Release |
|  |  |  |
|  |  |  |
| (If necessary, kindly add rows in the same format) | | |

| 1. **CO-PRODUCERS** *(if applicable)* | | | |
| --- | --- | --- | --- |
|  | | | |
| **Are there other co-producers of the film?\*** | | ☐ Yes | ☐ No |
| If **YES**, please fill below with ALL the co-producer/production company details. Please attach the co-production contract between the proponent and the company (bilateral or multi-party) showing the partners announced in the financing plan and presenting the respective contributions as well as expected revenue streams. | | | |
|  | | | |
| **PLEASE TYPE YOUR ANSWERS IN CAPITAL LETTERS.** | | | |
| (In case there are more co-producers involved in the production, kindly add rows in the same format.) | | | |
| **CO-PRODUCER 1** | | | |
| **Registered Company Name:** | |  | |
| **Registered Company Address:** | |  | |
| **Name of the Owner of the Company:** | |  | |
| **Website and/or Profile URL/s:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Share Percentage (%):** |  |
| **Producers' Responsibilities:** | |  | |
| **CONTACT PERSON FOR THE ABOVE-MENTIONED COMPANY** | | | |
| **Full Name of the Contact Person:**  (Surname/Given Name/Middle Initial) | |  | |
| **Designation:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Telephone Number:** |  |
|  | | | |
| **CO-PRODUCER 2** | | | |
| **Registered Company Name:** | |  | |
| **Registered Company Address:** | |  | |
| **Name of the Owner of the Company:** | |  | |
| **Website and/or Profile URL/s:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Share Percentage (%):** |  |
| **Producers' Responsibilities:** | |  | |
| **CONTACT PERSON FOR THE ABOVE-MENTIONED COMPANY** | | | |
| **Full Name of the Contact Person:**  (Surname/Given Name/Middle Initial) | |  | |
| **Designation:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Telephone Number:** |  |
|  | | | |
| **CO-PRODUCER 3** | | | |
| **Registered Company Name:** | |  | |
| **Registered Company Address:** | |  | |
| **Name of the Owner of the Company:** | |  | |
| **Website and/or Profile URL/s:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Share Percentage (%):** |  |
| **Producers' Responsibilities:** | |  | |
| **CONTACT PERSON FOR THE ABOVE-MENTIONED COMPANY** | | | |
| **Full Name of the Contact Person:**  (Surname/Given Name/Middle Initial) | |  | |
| **Designation:** | |  | |
| **Email Address:** | |  | |
| **Mobile Number/s:** |  | **Telephone Number:** |  |

**I hereby attest that all information stated within this application are right and true and agree to the terms and conditions set forth within the CreatePHFilms Fund for Large Budget Production guidelines.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proponent Signature over Printed Name Date**