

WORK AND FINANCIAL PLAN

NAME OF APPLICANT	
SCHOOL	
TITLE OF FILM	
EMAIL	
MOBILE NUMBER	
AMOUNT OF GRANT REQUESTED:	
TARGET DATE OF COMPLETION:	

CAST AND CREW (If necessary, add rows in the same format)	
DIRECTOR	
PRODUCER	
WRITER	
CAST	
PRODUCTION CREW	
POST-PRODUCTION CREW	

PRODUCTION SCHEDULE (If necessary, add rows in the same format)				
A. PRINCIPAL PHOTOGRAPHY				
PRODUCTION PHASE	LOCATION	DATE/S	TOTAL DAYS	REMARKS

END OF PRINCIPAL PHOTOGRAPHY:

TOTAL PRODUCTION DAYS:

B. POST-PRODUCTION

PRODUCTION PHASE	LOCATION	DATE/S	TOTAL DAYS	REMARKS

END OF POST-PHOTOGRAPHY:

TOTAL POST-PRODUCTION DAYS:

PRODUCTION BUDGET (If necessary, add rows in the same format)		
ITEMS/PARTICULARS	COUNTERPART SUPPORT, IF ANY	AMOUNT
TOTAL PROPOSED BUDGET:		PHP 0.00

SUBMITTED BY:

REVIEWED AND ENDORSED BY:

NAME AND SIGNATURE OF APPLICANT
YEAR AND COURSE PROGRAM
NAME OF SCHOOL

NAME AND SIGNATURE OF THESIS/CAPSTONE ADVISER
OFFICIAL DESIGNATION
NAME OF SCHOOL

DATE:

DATE: