Application Summary

* indicates a required field

Before you start your application:

- Read the Program Guidelines and the <u>Screenwest Terms of Trade</u>.
- Review this online application form for the files and attachments needed.
- Industry standard document formats should be used.
- Reach out to the Screenwest Program Contact during business hours (AWST 9am 5pm, Monday to Friday) for any questions.
- Screenwest requires all successful screen productions to register to The Everyone Project and, with the appropriate consent, send a link to the production cast and crew to take part in a confidential, voluntary, demographic survey. Screenwest does not have access to any of the personal data stored by The Everyone Project it will only receive de-identified aggregated reports which show demographic data as a whole across Australia.
- Screenwest is committed to reflecting the broad diversity of Western Australia's community on and off screen, through content funded and practitioners supported. It is important that you / your team of key creatives authentically represent the story and characters in your application.

General Eligibility

Does the applicant / company meet th the Program Guidelines? *	general eligibility requirement	s set out in
Yes If No, contact the Screenwest Program Manager	O No	
Does the applicant / company meet th the Screenwest Terms of Trade? *	general eligibility requirement	s set out in
O Yes If No, contact the Screenwest Program Manager	○ No	

It is the applicant's responsibility to obtain and keep current, all necessary permissions, permits, and Chain of Title documentation for the development, production and exploitation of the Project. Screenwest reserves the right to sight and approve these at any time, upon written request. You will need to provide details clearly outlining any Chain of Title documentation in place, including type of agreement, parties to that agreement and expiry dates.

Form Preview

application? *	company hold the u		he time of
○ Yes		○ No	
Provide a summary	overview of your Cha	nin of Title. *	
Funding Summar	у		
Applicant Name or C First Name	Company/Sole Trader Last Name	Name *	
All official correspondance	e will be directed to this c	ompany / sole trader.	
Project Title *			
Total Screenwest Fu	ındina Reauest *		
\$	funding request correctly.	Must be in AUD\$ and no	more than \$25,000.
Content O Documentary This question is read only	/.	Project Format O Short This question is read on	ly.
Number of episodes 1 If a single, list as '1'. Duration in minutes *		Total length in minutes This auto calculates nur by duration of minutes	mber of episodes multiplied per episode
If a single, list total single series, list the duration o		Total length in hours This number/amount is	calculated.

Applicant Details

Applicant Type *

- O Western Australian Resident applying in their own capacity with a registered Australian Business Number (ABN)
- O Registered Western Australian Resident Company applying in its own capacity

Applicant Details

* indicates a required field

Contracting Compan	y Name			
Party entering into contra	cting			
Main contact during		process	*	
First Name	Last Name			
Position within Appl	icant Compa	ny *		
	•			
Mobile *				
Mobile *				
Must be an Australian pho	one number.			
Email *				
_				
Must be an email address).			
Where is the contrac	cting party in	corpora	ited?	
	9			
Secondary Contact N First Name	lame (if appl Last Name	icable)		
i ii st ivaiiie	Last Name			
Position				
Mobile				
Mobile				
Must be an Australian pho	one number.			
Email				
Must be an email address),			
Contracting Compan	y ABN *			

Form Preview

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	on from the Aus	tralian Busi	ness Register	•	
ABN					
Entity na	me				
ABN statu	ıs				
Entity typ	e				
Goods &	Services Tax (G	ST)			
DGR Endo	orsed				
ATO Char	ity Type		More informa	<u>ation</u>	
ACNC Reg	gistration				
Tax Conc	essions				
Main busi	ness location				
○ Sole D		Sole DirSecretary	Position * rector and	Director	Director and Secretary
Compan Title	y Director Na First Name	ame * Last I	Name		
TICIC	Thise ivanic	Laser	varrie		
	Company Dir			ant	
Title	First Name	Last I	Name		
Principa Address	l Place of Bu	ısiness (m	ust not be	a PO Box) *	
-	y Mobile *				
Must be a	n Australian pho	one number.			
Compan	y Email *				
Must be a	n email address).			

Is there more than one contracting party? *

○ Yes	○ No	
Company Two Details		
Contracting Company Two	Name	
Party Two entering into contracting	g	
Where is the contracting pa	arty incorporated?	
Company Two ABN		
,		
The ABN provided will be used check that you have entered the	to look up the following information. ne ABN correctly.	Click Lookup above to
Information from the Australian B	usiness 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.		
Principal Place of Business Address	(must not be a PO Box)	
Company mobile		
,		
Must be an Australian phone num	ber.	

Company email

Must be an email address.
Working with Screenwest
* indicates a required field
First Nations Content
Screenwest supports the telling of First Nations Australian stories by First Nations Australian creatives and storytellers.
There must be strong First Nations Australian representation on all Scripted projects that tell First Nations Australian stories, through the involvement of First Nations Australian key creatives and thorough consultation, incubation and collaboration that is adequately budgeted for.
First Nations Australian content can mean that your project:
• Is based on or tells First Nations Australian Stories • Has First Nations Australian characters • Features representations of First Nations Australian culture
Refer to and follow the checklists from <u>Screen Australia's Pathways & Protocols: a film</u> maker's guide to working with Indigenous people, culture and concepts.
Does your project contain First Nations Australian content? * ○ Yes ○ No
Is this a Western Australian First Nations led screen project? *
O Yes O No WA First Nations company or WA First Nations key creative/s are attached to the project.
Have you read, understood, and will abide by the Screen Australia Pathways & Protocols document? *
○ Yes ○ No
Provide a brief overview below of the consultation, incubation, and collaboration plan to date, including the name of relevant key creatives and consultants attached to the project. You will be asked to provide agreements relating to research, chain of title, filming permissions etc, if successful. *
Attach the First Nations Strategy * Attach a file:
Diversity Content

Form Preview

Screenwest is committed to reflecting the broad diversity of Western Australia's community on and off screen, through content funded and practitioners supported. It is important that you / your team of key creatives authentically represent the story and characters in your application.

Does your project include conte underrepresented group/s? * O Yes	ont or characters from historically	group/s? * O Yes	o No reative/s attached to the project presented groups.
Detail how your tea		uthentically rep	resent the content and
Attach your plan * Attach a file:			
Previous Applica	tions		
Has this project or ○ Yes	activity been submitt O No		est before? * Other:
Was it successful? ○ Yes	* ○ No		○ Other:
Provide a brief sum project. *	nmary of previous fun	ding received f	rom Screenwest for this
	the project has subs eatively, market inte		
Other Funded Pr	ojects		
Do you, the applica acquitted? * O Yes	int, have any other So	creenwest fundi	ng that haven't yet

Form Preview

Only list current funding that has not yet been fully acquitted

roject or Activity Title	Non acquitted funding Status
roject Details & Creative Ma	aterial
indicates a required field	
og Line *	
ne paragraph synopsis *	
enre *	
	
elease Platform	Primary Release Platform Name

Likely classification

- G (General)
- PG (Parental Guidance)
- M (Mature)
- O MA15+ (Mature Accompanied)

Creative Materials

All applications must include:

- 1.A completed treatment for the proposed film that includes details of how your preferred SLWA collection item will be utilized in the project.
- 2.One example of the Director's previous work (via online link only). Limit your material to under 10 minutes and check your link works before submitting.
- 3.Producer's Statement.
- 4.Submit any other relevant creative supporting materials that support your application by clicking the 'Add More' option at the bottom right.

Form Preview

Creative Material	Description	Attach file
(e.g. Directors Statement, Writers		
Statement, Link to Teaser/Trailer,		
Sizzle etc)		
1. Treatment		
2. Directors Previous Work		
3. Producers Statement		

Budget

* indicates a required field

\$ Must be Australian Dollars (AUD)
Must be Australian Dollars (AUD)
Funding Request as a percentage of Total QWAE
This number/amount is calculated.

Attach Budget, preferably in A-Z budget template from Screen Australia *
Attach a file:

Add a column that clearly shows Qualifying Western Australian Expenditure (QWAE) line items.

Project Team

Key Creatives & Crew

Complete the details below for all key creatives and personnel who are part of the project. Please "add more' to add a new row.

Position	State or Country (if not Australian)		Evidence of confirmation

Cast or Onscreen Talent / Subjects

List any attached or contracted cast or onscreen talent/subjects on the project. Please select "add more" for extra rows.

Role	Cast/Talen Name	Co	ate or ountry (if ustralian)	not	Confirmed	Evidence of attachment / deal	
	`	·				_	
Production A	Activity De	etails					
* indicates a req	uired field						
Shoot Location	on/s						
	, -						
□ Perth Metro□ Gascoyne□ Goldfields-Esp	•						
Production So	chedule						
Production S schedule	itart Date	End dat	te Est	total	l daysEst total (in WA	daysPercentage of total days in WA	
						This number/ amount is calculated.	
Pre-Production							
Principal Photography (Anticipated)							
Post Production							
Rough Cut Fine Cut							
Proposed Delivery Date * Proposed Transmission / Release Date (if known) Attach shooting Schedule * Attach a file:							

Employment & Workforce Capacity Development

Estimated Employment

This data will be used by Screenwest for its reporting purposes.

- For 'People employed' column, complete for the number of estimated full time, part time and casual employees employed to deliver the project.
- Use a '0' if not applicable.
- 1.Total all people employed
- 2. Western Australians employed
- 3. Western Australian Head of Department employed
- 4. Western Australian Crew Employed
- 5. Western Australian Cast or Onscreen Talent employed
- 6.Western Australian post sector employees

People employed		Number of Part time employees	 Total headcount
This question is read only.			This number/ amount is calculated.
Total all employees			
WA employees only	'		
WA HODs			
WA Crew			
WA Cast/Onscreen Talent			
WA Post Sector			

Applicant Declaration

* indicates a required field

In submitting this application, I, the applicant declare that:

- I have read and understood Screenwest's current program guidelines and Terms of Trade as relevant.
- I warrant and represent that I hold all relevant rights necessary to proceed with the proposal outlined in the application and that all material provided is true and accurate, to the best of my knowledge and belief.
- I will always act in good faith in all dealings with Screenwest.
- I am in good standing with all previous Screenwest funds and programs.
- I have the capacity, resources and rights to carry out the application as proposed.
- I am not currently engaged in any legal proceedings or dispute in relation to the project.
- I am not a declared bankrupt or committed an act of bankruptcy.
- I am not insolvent or a declared bankrupt* or committed an act of bankruptcy.

Form Preview

- If I have previously been a declared bankrupt I will provide Screenwest with a copy of the bankruptcy discharge letter from the Australian Federal Security Authority (or other relevant administrative body).
- I acknowledge that SmartyGrants will automatically forward me an application receipt to confirm that Screenwest has received the application.
- It is my responsibility to contact Screenwest if an application receipt has not been received within two working days, to ensure my application was received

*	
	Yes