



SIGNATORY APPLICATION

Directors Guild of America, Inc.

7920 Sunset Boulevard

Los Angeles, CA 90046

Phone: (310) 289-5316

Email: Signatories@dga.org

1. This signed Signatory Application, along with the items indicated below, must be submitted to the Guild at least 4 weeks before principal photography starts:

- **Signatory Application - please complete top of page 2, then go to the appropriate project type:**

Page 2 – Theatrical

Page 3 – Television

Page 4 – New Media

- Signatory Company Formation Documents
- All Parent Company Formation Documents

2. A Signatories Representative will contact you to confirm whether the entity is the appropriate Signatory Company. If so, the Representative will require the following:

- Letter of Adherence
- Deal Memos
- Low Budget Sideletter Agreement (if applicable)
- Budget (for low budget features)

3. After review of the above documentation, the Signatory Company may be required to deliver the following:

- Payroll deposits
- Chain of title (including distribution, production services and sales agency agreements)
- Guaranty
- Security Agreement
- Residuals coverage (e.g., residuals reserve, Distributor's Assumption Agreements)
- Financing agreements

PLEASE NOTE: DGA members may not be permitted to begin rendering services during principal photography until all required financial assurances are delivered. In addition, some financial assurances may be required before DGA members are permitted to travel outside of the United States or Canada.

PROJECT INFORMATION FORM

COMPLETE THIS SECTION FOR ALL PROJECTS:

LOCATIONS	PRODUCTION DATES
Pre-Production:	Pre-Production Start:
Principal Photography:	Principal Photography Start:
	Principal Photography Wrap:
Post Production:	Post Production Wrap:
Is this project SAG-AFTRA-covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this project WGA-covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Writer(s): _____	

THEATRICAL

PROJECT TITLE (include AKAs) _____

- Check One:
- Feature Film
 - Low Budget Feature
 - Documentary Feature
 - Short Film
 - Experimental (< 30 min and ≤ \$50K and not made for public exhibition)

Total Gross Budget (US\$) _____

Format: Film Digital Other _____

Running Time (in minutes) _____

(See pages 3 and 4 for other project types; skip to page 5 if this section is complete)

PROJECT INFORMATION FORM

TELEVISION

PROJECT TITLE (include AKAs) _____

Series:	<input type="checkbox"/> Episodic Series <input type="checkbox"/> Mini Series <input type="checkbox"/> Documentary Series <input type="checkbox"/> Limited Series Pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Episodes: _____ Episode Total Gross Budget: (US\$): _____ Episode Length (in minutes): _____
OR:	
Single Project:	<input type="checkbox"/> Motion Picture (e.g. Movie of the Week) <input type="checkbox"/> Documentary <input type="checkbox"/> Special <input type="checkbox"/> Presentation Total Gross Budget (US\$): _____ Running Time (in minutes): _____

Format: Film Digital Other _____

Made for: Prime Time Non-Prime Time

Type: (check all that apply): <input type="checkbox"/> Single-Camera <input type="checkbox"/> Multi-Camera <input type="checkbox"/> Live	Genre: <input type="checkbox"/> Dramatic <input type="checkbox"/> Reality <input type="checkbox"/> Documentary <input type="checkbox"/> Comedy <input type="checkbox"/> Talk <input type="checkbox"/> Variety <input type="checkbox"/> Quiz & Game <input type="checkbox"/> News <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Sports	
Exhibition: <u>Free Television</u> <input type="checkbox"/> ABC <input type="checkbox"/> CBS <input type="checkbox"/> CW <input type="checkbox"/> FOX <input type="checkbox"/> NBC <input type="checkbox"/> PBS <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> First run Syndication	<u>Pay Television</u> <input type="checkbox"/> Cinemax <input type="checkbox"/> HBO <input type="checkbox"/> Showtime <input type="checkbox"/> Starz <input type="checkbox"/> TMC <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Direct-to-video	<u>Basic Cable</u> <input type="checkbox"/> A&E <input type="checkbox"/> Nat Geo <input type="checkbox"/> AMC <input type="checkbox"/> Nickelodeon <input type="checkbox"/> Discovery <input type="checkbox"/> MTV <input type="checkbox"/> Freeform <input type="checkbox"/> TBS <input type="checkbox"/> F/X <input type="checkbox"/> TNT <input type="checkbox"/> Hallmark <input type="checkbox"/> TV Land <input type="checkbox"/> Lifetime <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____

(See pages 2 and 4 for other project types; skip to page 5 if this section is complete)

PROJECT INFORMATION FORM

MADE FOR NEW MEDIA

- Original
- Derivative, based on _____

PROJECT TITLE (include AKAs) _____

Series:

Episodic Series Mini Series Documentary Series

Limited Series

Pilot? Yes No

Number of Episodes: _____

Episode Total Gross Budget: (US\$): _____

Episode Length (in minutes): _____

OR:

Single Project:

Motion Picture Documentary Special

Total Budget (USD): _____

Running Time (in minutes): _____

Format: Film Digital Virtual Reality (VR) Other (specify): _____

<p>Type: (check all that apply):</p> <p><input type="checkbox"/> Single-Camera</p> <p><input type="checkbox"/> Multi-Camera</p> <p><input type="checkbox"/> Live</p> <p><input type="checkbox"/> Tape</p>	<p>Genre:</p> <p><input type="checkbox"/> Dramatic <input type="checkbox"/> Reality <input type="checkbox"/> Documentary</p> <p><input type="checkbox"/> Comedy <input type="checkbox"/> Talk</p> <p><input type="checkbox"/> Variety <input type="checkbox"/> Quiz & Game</p> <p><input type="checkbox"/> News <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Sports</p>
--	--

<p>Exhibition:</p> <p>Name of platform: _____</p> <p><input type="checkbox"/> Subscription Video on Demand (Netflix, Hulu, Amazon Prime, etc.)</p> <p><input type="checkbox"/> Transactional Video on Demand (iTunes, Vimeo, etc.)</p> <p><input type="checkbox"/> Free-to-the-consumer/advertiser-supported (Crackle, Hulu, etc.)</p> <p><input type="checkbox"/> Self-distribution</p> <p><input type="checkbox"/> Other (specify website, service or carrier): _____</p>	<p>Distribution:</p> <p>Has the project been licensed in other markets (theatrical, basic cable, pay TV, free TV)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list all licensors below and complete information on Page 12:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

<p>If any brand or advertising agency is involved, fill out the below:</p> <p>Product/Brand: _____</p> <p>Agency: _____</p>	<p>Other: <input type="checkbox"/> Interactive</p> <p><input type="checkbox"/> Promo Trailer</p> <p><input type="checkbox"/> Educational</p> <p><input type="checkbox"/> Other (Specify): _____</p>
--	--

(See pages 2 and 3 for other project types; skip to page 5 if this section is complete)

PROJECT STAFFING

STAFFING WAIVERS: All staffing waivers must be approved in writing prior to principal photography by the appropriate DGA executive. Please submit a signed deal memo for each position listed below.

Theatrical/MOW/Single Camera or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone:	
		Email:	
UPM:	Yes No	Phone:	
		Email:	
1AD:	Yes No	Phone:	
		Email:	
Key 2AD:	Yes No	Phone:	
		Email:	
Second 2AD:	Yes No	Phone:	
		Email:	
Additional 2AD:	Yes No	Phone:	
		Email:	
Second Unit Director:	Yes No	Phone:	
		Email:	
Other:	Yes No	Phone:	
		Email:	

Multi-Camera/Prime-Time Dramatic or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone:	
		Email:	
UPM:	Yes No	Phone:	
		Email:	
1AD:	Yes No	Phone:	
		Email:	
Key 2AD:	Yes No	Phone:	
		Email:	
Second 2AD:	Yes No	Phone:	
		Email:	
Additional 2AD:	Yes No	Phone:	
		Email:	
Associate Director:	Yes No	Phone:	
		Email:	
Associate Director (line cut):	Yes No	Phone:	
		Email:	
Other:	Yes No	Phone:	
		Email:	

PROJECT STAFFING

STAFFING WAIVERS: All staffing waivers must be approved in writing prior to principal photography by the appropriate DGA executive. Please submit a signed deal memo for each position listed below.

Live & Tape (Multi-Camera, other than Prime-Time Dramatic) or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone: Email:	
Associate Director:	Yes No	Phone: Email:	
Stage Manager:	Yes No	Phone: Email:	
2nd Stage Mgr:	Yes No	Phone: Email:	
3rd Stage Mgr:	Yes No	Phone: Email:	
Production Associate/Assistant:	Yes No	Phone: Email:	
Other:	Yes No	Phone: Email:	

SIGNATORY COMPANY INFORMATION

<p>Company Name: _____</p> <p>The Guild does not accept loan-out corporations or DBAs as signatory companies. The DGA-Producer Pension and Health Plans does not accept contributions from loan-out corporations, DBAs or sole proprietorships.</p> <p><input type="checkbox"/> DGA Member-owned?</p>	<p>Form of Organization:</p> <p><input type="checkbox"/> corporation (Inc.)</p> <p><input type="checkbox"/> limited liability company (LLC)</p> <p><input type="checkbox"/> limited partnership (LP)</p> <p><input type="checkbox"/> other (specify): _____</p>
--	--

Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT COMPANY INFORMATION

Parent Company: _____ <input type="checkbox"/> DGA Member-owned?	Form of Organization: <input type="checkbox"/> corporation (Inc.) <input type="checkbox"/> limited liability company (LLC) <input type="checkbox"/> limited partnership (LP) <input type="checkbox"/> other (specify): _____
--	---

Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach additional pages as needed.

ULTIMATE PARENT COMPANY INFORMATION

Ultimate Parent: _____ <input type="checkbox"/> DGA Member-owned?	Form of Organization: <input type="checkbox"/> corporation (Inc.) <input type="checkbox"/> limited liability company (LLC) <input type="checkbox"/> limited partnership (LP) <input type="checkbox"/> other (specify): _____
---	---

Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach additional pages as needed.

FINANCING INFORMATION

How will the project be financed? Debt Equity Combination
 Other (specify): _____

LENDER: _____ Percentage of Budget _____ %
(check all that apply) Production loan Single picture loan Loan Amount _____
 Gap financing Revolving credit facility attach copy of loan agreement
 Tax credits Other (specify): _____

Has the loan closed? Yes No If Yes, provide the date of closing: _____

Does the lender have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Borrower(s) (if different from Signatory Company): _____

LENDER: _____ Percentage of Budget _____ %
(check all that apply) Production loan Single picture loan Loan Amount _____
 Gap financing Revolving credit facility attach copy of loan agreement
 Tax credits Other (specify): _____

Has the loan closed? Yes No If Yes, provide the date of closing: _____

Does the lender have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Borrower(s) (if different from Signatory Company): _____

FINANCIER: _____ Percentage of Budget _____ %
 Equity Financing Amount _____
 Distribution Advance/Licensing Fee attach copy of financing agreement
 Personal Funds

Does the financier have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

FINANCIER: _____ Percentage of Budget _____ %
 Equity Financing Amount _____
 Distribution Advance/Licensing Fee attach copy of financing agreement
 Personal Funds

Does the financier have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Please attach additional pages as needed.

PARTICIPATIONS

- 1. Is any party receiving payment from first dollar gross receipts? Yes No
- 2. Will any party be repaid before residuals are paid? Yes No

Complete the below for any party receiving payments from first dollar gross receipts:

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

COLLECTION ACCOUNT MANAGEMENT AGREEMENT

Will there be a CAMA? Yes No If Yes, complete the below:
CAMA Territory: worldwide foreign domestic other (specify): _____
Will any party be paid before the CAMA becomes effective? Yes No
If Yes, identify such parties: _____

COPYRIGHT

Please provide a copy of complete Chain-of-Title, including documents not recorded with U.S. Copyright Office.

Who currently owns copyright? _____

Who will own copyright after the project is completed? _____

Who currently has any rights in the projects, including via transfer, assignment or license? _____

Identify any parties will a security interest in the rights: _____

Is the screenplay or teleplay registered with U.S. Copyright Office? Yes No

If Yes, provide the registration date: _____

Who is/will be the Copyright Claimant on the Form PA? _____

SALES AGENT

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Please attach additional pages as needed.

LICENSING AND DISTRIBUTION

The Guild may require a residuals reserve. In that case, a Signatories Representative will inform the Employer of the reserve amount. The reserve will be drawn upon to pay residuals as they become due and payable.

Will Distributor be delivering an executed Assumption Agreement or QD/QRP letter for all licensed rights? **CHECK ALL THAT APPLY:**

<input type="checkbox"/> Letter of Guaranty from QD/QRP company (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____ <input type="checkbox"/> QD <input type="checkbox"/> QRP
<input type="checkbox"/> Letter of Guaranty from QD/QRP company (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____ <input type="checkbox"/> QD <input type="checkbox"/> QRP

<input type="checkbox"/> Assumption Agreement from Distributor/Buyer (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____
<input type="checkbox"/> Assumption Agreement from Distributor/Buyer (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____

Please attach additional pages as needed.

CONTACT INFORMATION

SIGNATORY COMPANY:

Primary Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Production Office (if different from above): temporary permanent

Primary Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Accountant:

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Post Production Supervisor:

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Post Production Accountant:

Company: _____

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Production Attorney:

Name: _____ Law Firm: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Agent for Service of Process:

Name: _____ Law Firm: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Reports Compliance Contact (Deal Memos, Weekly Work Lists, Quarterly Earnings and Employment Data Reports):

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

Screen Credits Contact:

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

Residuals Contact:

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

PAYROLL DEPOSITS

The Signatories Representative will calculate and inform the Employer of the amounts required to fund drawdowns and deposits for compensation and benefit plan contributions.

The drawdown and deposit agreements must be signed, and the funds must be delivered to the payroll house no later than 5 business days prior to the commencement of principal photography.

Payroll House: _____ Contact: _____

Phone: _____ Email: _____

RESIDUALS RESERVE

The Guild may require a residuals reserve. The Signatories Representative will inform the Employer whether a Residuals Reserve is required and the amount, if applicable. The reserve will be drawn upon to pay residuals as they become due and payable.

BOND COMPANY

Bond Company: _____
Address: _____
City: _____ State/Country: _____ Zip/Postal Code: _____
Attorney/Contact: _____
Email: _____ Phone: _____
Bonded entity/ies: _____
Was the bond issued? Yes No If Yes, provide bond closing date: _____
Does the bond company have a security interest? Yes No If Yes, provide filing date: _____

CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The undersigned, by signing below, certifies, represents and warrants that: (a) s/he has the requisite power and authority to sign this document on behalf of the Signatory Company; (b) s/he reviewed the foregoing information; and (c) such information is complete, true and accurate to the best of her/his knowledge. Further, the undersigned acknowledges and agrees any omission, misrepresentation or false statement of fact knowingly made herein and material to the financial assurances delivered by the Signatory Company to the Guild will constitute a default under the Security Agreement applicable to this project. A scanned or electronic signature has the same force and effect as an original signature.

Signatory Company:

By: _____ Date: _____

(Signature)

Print Name: _____ Title: _____



Directors Guild of America
7920 Sunset Blvd.
Los Angeles, CA 90046
(310) 289-2000
RCForms@dga.org

DIRECTOR DEAL MEMORANDUM – THEATRICAL

Deal Memos must be submitted no later than commencement of services,
pursuant to Basic Agreement Article 4-108.

This confirms our agreement to employ you to direct the project described as follows:

DIRECTOR INFORMATION:

Name: _____ SSN# (last 4 digits): _____

Loanout: _____ FID. #: _____

Address: _____ Tel. #: _____

Salary (U.S. Dollars): \$ _____ per Film per Week per Day

Additional Time: \$ _____ per Week per Day

Start Date (on or about): _____ Guaranteed Period: _____ Days Weeks

Check (if applicable): Second Unit Director Freelance Shorts & Documentaries

If the Director's compensation will be \$200,000 or more, is it contemplated that the Director's services on the project will span two (2) calendar years (i.e. commence in one calendar year and finish in a subsequent calendar year) between commencement of preparation and delivery of answer print? Yes No

Other Conditions (include credit above minimum): _____

PROJECT INFORMATION:

Project Title: _____

INDIVIDUAL having final cutting authority over the film is: _____

ACCEPTED AND AGREED:

The Employee hereby authorizes the Employer to deduct from his or her salary the amount specified in the Directors Guild of America Basic Agreement as the Employee's contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on the Employee's behalf.

THE UNDERSIGNED RESERVES THE RIGHT TO DISCHARGE THE EMPLOYEE AT ANY TIME SUBJECT ONLY TO THE OBLIGATION TO PAY THE BALANCE OF ANY COMPENSATION DUE, TO THE EXTENT REQUIRED BY THE DGA BASIC AGREEMENT TO WHICH THIS EMPLOYMENT IS SUBJECT.

Signatory Employer (Company Name): _____

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____

Date: _____



Theatrical and Television Film Director Post-Production Information

Pursuant to Sections 4-108 and 7-506 of the Directors Guild of America Basic Agreement, the Employer is required to furnish the Guild with post-production information upon commencement of principal photography of a theatrical motion picture or a television motion picture 90 minutes or longer, to the extent that such information is then known to the Employer.

The Employer shall notify the Director and the Guild as soon as practicable in the event of a change in the post-production schedule.

Director: _____

Project Title: _____

Director's Cut Start Date: _____ **Director's Cut Finish Date:** _____

Post-Production Location: _____

Dates of Special Photography & Processes (if any): _____

Delivery of Answer Print Date: _____

Theatrical Release Date: _____ **Television Broadcast Date:** _____

Company Representative (signature): _____

Representative Name (please print): _____

Name of Company (please print): _____

Contact Phone #: _____

Please return to: **Directors Guild of America**
ATTN: Reports Compliance Dept.
7920 Sunset Blvd.
Los Angeles CA 90046

For your convenience: DGA forms and deal memos may be obtained by logging on to
www.dga.org (select "Contracts" then "DGA Forms.")



Directors Guild of America
7920 Sunset Blvd.
Los Angeles, CA 90046
(310) 289-2000
RCForms@dga.org

UNIT PRODUCTION MANAGER, ASSISTANT DIRECTOR, ASSOCIATE DIRECTOR DEAL MEMORANDUM WEEK-to-WEEK or DAILY EMPLOYMENT

Deal Memos must be submitted no later than commencement of services,
pursuant to Basic Agreement Article 13-107 and Sideletter No. 35

This confirms our agreement to employ you on the project described as follows:

AD/UPM INFORMATION:

Name: _____ SSN# (last 4 digits): _____

Loanout: _____ FID. #: _____

Address: _____ Tel. #: _____

- Category:
- | | |
|--|--|
| <input type="checkbox"/> Unit Production Manager | <input type="checkbox"/> Additional Second Assistant Director |
| <input type="checkbox"/> First Assistant Director | <input type="checkbox"/> 2nd Second Assistant Director - Location Manager (in NY/Chicago only) |
| <input type="checkbox"/> Key Second Assistant Director | <input type="checkbox"/> Associate Director (line cut) |
| <input type="checkbox"/> 2nd Second Assistant Director | <input type="checkbox"/> Associate Director (no line cut) |

Start Date (on or about): _____ Guaranteed Period: _____ One Day 3 Days Week

Salary (U.S. Dollars): Studio: \$_____ Distant Location: \$_____ per Day 3 Days Week, and shall be prorated thereafter

Only if specifically hired for second unit or added scenes/retakes, check: Second Unit Added Scenes/Retakes

Other Conditions: _____

PROJECT INFORMATION:

Series or Project Title: _____

Episode #: _____ Episode/Segment Title: _____

- Type of Production:
- | | | |
|--|---|---|
| <input type="checkbox"/> Feature | <input type="checkbox"/> Multi-Camera Prime-Time Dramatic | <input type="checkbox"/> Other Television |
| <input type="checkbox"/> Single-Camera | <input type="checkbox"/> High Budget SVOD Program (as defined in Sideletter No. 35 of the BA) | |

If High Budget SVOD Program, please also indicate:

Name of platform for which program is made: _____

Length of High Budget SVOD program: 20-35 min 36-65 min 66-95 min 96 min or more

Location (choose one or both): Studio Distant Location (City/State or Country): _____

Budget for Basic Cable Dramatic Programming (check one):

- | | | | |
|-----------------|--|--|--|
| 30 minutes: | <input type="checkbox"/> < \$550,000 | <input type="checkbox"/> ≥ \$550,000 and ≤ \$875,000 | <input type="checkbox"/> > \$875,000 |
| 31-60 minutes: | <input type="checkbox"/> < \$1,200,000 | <input type="checkbox"/> ≥ \$1,200,000 and ≤ \$1,493,500 | <input type="checkbox"/> > \$1,493,500 |
| 61-120 minutes: | <input type="checkbox"/> < \$2,750,000 | <input type="checkbox"/> ≥ \$2,750,000 and ≤ \$4,635,000 | <input type="checkbox"/> > \$4,635,000 |

ACCEPTED AND AGREED:

This employment is subject to the provisions of the Directors Guild of America, Inc., Basic Agreement.

Signatory Employer (Company Name): _____

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____

Date: _____

DIRECTORS GUILD OF AMERICA, INC.
REPORTS COMPLIANCE

Deal memoranda and the reports described below must be submitted to:

rcforms@dga.org

Phone: 310-289-2064

DEAL MEMORANDA (“DM”) [BA Paragraphs 4-108 and 13-107]

Fully-executed and complete deal memos are due at the Guild prior to the commencement of employment of every DGA-covered employee. Please make sure all required fields on the deal memo are complete, and that the DGA member and an authorized representative of the signatory company sign the form before submitting to the Guild. Incomplete or incorrect deal memos will be returned to production for correction.

EMPLOYMENT DATA REPORT (“EDR”) [BA Art. 15 and FLTTA Art 19]

Employers are required to submit only one report after the project wraps, taking into account all members employed on the project during principal photography. The EDR should not include DGA Trainees. If an Employer is unable to submit the EDR within the required time period, it may request an additional 15 days within which to submit the report, which request the Guild will not unreasonably deny. (*See enclosed instructions for additional submission requirements.*)

EMPLOYER QUARTERLY GROSS EARNINGS REPORT (“GER”) [BA 1-501 and FLTTA Art. 5]

Within 15 days of the close of each calendar quarter, the company must submit a list of all persons employed in DGA-covered categories and their total gross earnings for that quarter. Please provide the last 4 digits of the SSN for each individual listed, and the name of the project. Each report must cover only one signatory company but may include multiple projects by that company.

Gross earnings include, but are not limited to:

- | | | |
|-------------------------------|----------------------|-----------------------------------|
| * salary (prep, shoot & post) | * production fee | * completion of assignment |
| * extended workday/overtime | * turnaround pay | * holiday pay (worked & unworked) |
| * vacation pay | * series sales bonus | * capricious discharge pay |

Gross earnings should not include residuals payments of any kind, per diem (including incidentals), travel allowance, profit participation, gross participation and reimbursements which are not compensation for services rendered under the BA or FLTTA. If the company uses a payroll company (e.g., Entertainment Partners, Cast and Crew, etc.) to pay employees, the payroll company may submit a GER to the Guild. Be sure to confirm with the payroll company prior to submission to avoid duplication.

WEEKLY WORK LIST (“WWL”) [BA 1501]

The company must submit a Weekly Work List to the Guild listing all members’ categories and dates of employment for their work on the project the previous week. Be sure to list only individuals employed in DGA-covered categories and exclude anyone working in a non-covered position (e.g., DGA Trainee or Producer).

Note: Category distinctions are important, to avoid confusion, please use the following abbreviations: Unit Production Manager = UPM, First Assistant Director = 1AD, Key Second Assistant Director = 2AD, Second 2nd Assistant Director = 2nd 2AD, Additional Second Assistant Director = Add'l 2AD.

*Deal memoranda and other Reports Compliance forms can be found on the DGA website at www.dga.org.
(At the top of the homepage, place the cursor on "Employers," select "Deal Memos & Reports Compliance Forms.")*

Instructions for Employment Data Report

Pursuant to Article 15 of the DGA Basic Agreement and Article 19 of the DGA Freelance Live & Tape Television Agreement, Employers must submit a report identifying the gender and ethnicity of persons employed in DGA-covered categories. The report must also identify Directors employed on **prime-time dramatic television** programs who have no prior credits on prime time dramatic television programs. Please use the section labeled “First Time Directors” if applicable.

The Employment Data Report must be submitted:

- **once** for a theatrical motion picture, television motion picture ninety (90) minutes or longer, pilot, presentation or single program and is due within 45 days after close of principal photography;
- **once per season** for an episodic television series and is due within 45 days after the wrap or recording of the last episode; or
- **once per year** for strip dramatic, strip variety, quiz and game and “All Other” programs produced on an annual rather than seasonal basis and is due no later than February 15th of each year following production.

Two types of statistics must be reported in the following format:

1. Indicate the number of persons employed in the categories listed below:

White	Asian-American
African-American	Native American
Hispanic	Unknown

2. Indicate the total number of days worked or guaranteed. Total days should include travel days, prep days, production days and post-production days. When the same member is employed on multiple episodes in a series, the employee should only be counted once in the number of employees, but all the employee's cumulative days worked should be included in the total number of days worked or guaranteed.

* * * *

The below example shows one male White director was employed for a total of 56 days worked or guaranteed. One female African American director was employed for a total of 25 days worked or guaranteed.

DIRECTOR:

	White	African- American	Hispanic	Asian-American	Native American	Unknown
MALE	1/56					
FEMALE		1/25				

Directors Guild of America
Weekly Work List

Project: _____

Week Start Date: _____ Week End Date: _____

Signatory Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Prepared By: _____

Phone: _____ Email: _____

Name	SSN (last 4 digits)	Category	Episode # (If Applicable)

Please differentiate between 2ADs, Second 2ADs & Add'l 2ADs, and identify Directors on 2nd Unit, or Added Scenes/Retakes. When employing DGA-covered Location Managers, please provide their specific category. (e.g., Second 2nd/Loc Mgr or Add'l 2AD/Asst Loc Mgr)

Return to: rcforms@dga.org



Return To: rcforms@dga.org
 Phone: 310-289-2064

DGA Employment Data Report (print or type)

Date:	Signatory Company:	
Project Title:	Prepared By:	
Season/Year Covered:	Phone:	Email:

DIRECTOR:

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

FIRST TIME DIRECTORS: Primetime Dramatic Television Programs

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

UNIT PRODUCTION MANAGER:

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

FIRST ASSISTANT DIRECTOR:

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

SECOND ASSISTANT DIRECTOR (all Second ADs, including Key Second ADs, Second Second ADs and Additional Second ADs):

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

ASSOCIATE DIRECTOR (formerly known as "Technical Coordinators"): Primetime Multi-Camera Dramatic Programs

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

ASSOCIATE DIRECTOR: Live & Tape Television

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

STAGE MANAGER: Live & Tape Television

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**Directors Guild of America
Employer Quarterly Gross Earnings Report**

QUARTER/YEAR COVERED: _____

Signatory Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Name	SSN (last 4 digits)	Category	Project	Earnings

Prepared By: _____

Phone: _____ Email: _____

DGA quarters for reporting gross earnings are as follows: Q1: Jan 1-Mar 31, Q2: April 1-June 30, Q3: July 1-Sept 30, Q4: Oct 1-Dec 31. One quarter per report.

Return to: rcforms@dga.org