

Project Information Form - Television

This Project Information Form (PIF) should be filled out by an existing Directors Guild of America signatory company for each new television project or by a company requesting DGA signatory status. Please note that more detailed information may be required pending review by the Guild. Submission of this form does not constitute signatory acceptance. *Please print clearly:*

Signatory Company: _____

Company Contact: _____ **Phone:** _____ **Email:** _____

Project Title: _____

Copyright Holder: _____ **Contact:** _____ **Phone:** _____

Writer/s: _____

Budget (U.S.) \$ _____ **Location/s:** _____

Start Dates: Pre-Production: _____ Principal Photography: _____ Wrap: _____

Format: Multi-Camera Single Camera **Produced:** Digital Film Tape Live Other: _____

Program Type: Dramatic Sitcom Reality Variety Other (explain): _____

Program Length (minutes): 30 60 90 120 Other (specify): _____

INITIAL RELEASE: (Please print clearly) **Is this a Pilot:** Yes No

Network: ABC CBS FOX NBC PBS UPN WB **Syndication** (Company Name): _____

Basic Cable: A&E Disney Channel Lifetime MTV Nickelodeon TNT USA Other: _____

Pay TV: HBO Showtime TMC Starz! Cinemax Other: _____

Direct-to-Video **Other** (please explain): _____

EMPLOYEE INFORMATION (Please print clearly):

Print Full Name:	Dramatic	Live & Tape
	Director	Director
	<input type="checkbox"/> UPM	<input type="checkbox"/> Associate Director
	<input type="checkbox"/> 1 st Assistant Director	<input type="checkbox"/> Stage Manager
	<input type="checkbox"/> Key 2 nd Assistant Director	<input type="checkbox"/> 2 nd Stage Manager
	<input type="checkbox"/> 2 nd Second Asst. Director	<input type="checkbox"/> 3 rd Stage Manager
	<input type="checkbox"/> Add'l 2 nd Asst. Director	<input type="checkbox"/> Production Associate
	<input type="checkbox"/> Associate Director	<input type="checkbox"/> Other
	<input type="checkbox"/> Associate Director (line cut)	

CONTACTS:

Employment Contact (name): _____ Phone: _____

Residuals Contact (name): _____ Phone: _____

SECURITIES INFORMATION:

Source of Primary Financing (required): _____

Contact: _____ Phone: _____

Completion Bond Company: _____

Contact: _____ Phone: _____

Payroll Company: _____

Contact: _____ Phone: _____

Revolving Line of Credit?: Yes No **Bank:** _____

Contact: _____ Phone: _____

List all companies holding a security interest (attach a separate sheet if necessary):

Company: _____ Contact: _____

Company: _____ Contact: _____

DISTRIBUTION INFORMATION:

Foreign Distributor/s: _____ Domestic Distributor/s: _____

Other Affiliations
(check all that apply):

- SAG
- WGA
- DGC
- AFTRA
- IATSE
- NABET
- AFM
- ACTRA
- Other: _____

This Project Information Form must be signed by an authorized OFFICER, OWNER, or PARTNER of the Company:

Signature: _____ Title (print): _____

Print Name: _____ Phone: _____ Date: _____