

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:** _____ **E-Mail:** _____

Project Title: _____

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

Writer/s: _____

Budget: (U.S. dollars) \$ _____ **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 **Program Length** (minutes): 30 60 90 120
 Variety Other (explain): _____ Other (specify): _____

INITIAL RELEASE (check one, indicate station or network not listed): **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 Asst. Dir.	<input type="checkbox"/> 2 nd Stage Mgr.
	<input type="checkbox"/> 2 nd Second Asst. Dir.	<input type="checkbox"/> 3 rd Stage Mgr.
	<input type="checkbox"/> Add'l Second Asst. Dir.	<input type="checkbox"/> Production Assoc.
	<input type="checkbox"/> Assoc. Dir.	Other:
	<input type="checkbox"/> Assoc. Dir. (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: _____

Other Affiliations
(check all that apply):

SAG
 WGA
 DGC
 AFTRA
 IATSE
 NABET
 AFM
 ACTRA
 Other: _____

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: _____

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

Signature: _____ Title (print): _____
 Print Name: _____ Phone: _____ Date: _____