

**DIRECTORS GUILD OF AMERICA, INC. (DGA)
EXPERIMENTAL PROJECT INFORMATION FORM**

7920 Sunset Blvd., Los Angeles CA 90046, c/o Signatories, Email:Signatories@dga.org

Please complete the following information and submit to the DGA along with required documents ten (10) days prior to start of principal photography. Please print clearly:

PROJECT INFORMATION:

Project Title: _____

Budget:(U.S.) \$ _____ Produced on: Film Digital Other: _____

Principal Photography Start Date: _____ Wrap Date: _____ Run Time (in minutes): _____

Location/s: _____ Student: Yes No School Name: _____

PRODUCER INFORMATION:

Individual Producer Name: _____ Email: _____

Address: _____ Phone: _____

OR

Signatory Company*: _____ Fed ID#: _____

Company Contact: _____ Phone: _____

Address: _____

Company **must be recorded with the Secretary of State as an "Inc." or "LLC".*

OWNER INFORMATION:

Name Owner/s of Completed Screenplay: _____

Address: _____ Phone: _____

Name Owner/s of Completed Film: _____

Address: _____ Phone: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE DGA:

- A signed original of the **DGA EXPERIMENTAL PROJECT AGREEMENT**. The Agreement must be signed by the owner/s of the screenplay and completed film. (Both owners must sign if the screenplay and film are owned separately, or if the screenplay and film are co-owned.) The DGA will return a counter-signed copy to the owner/s, upon acceptance.
- Project **BUDGET** (one sheet).
- An **EXPERIMENTAL PROJECT DEAL MEMORANDUM** ("Exhibit A") for each DGA member working on the project, signed by both the owner/s of the screenplay/film and the DGA member.
- Copy of the **FORM PA** (as recorded with the United States Copyright Office).

Note: *The producer must notify the DGA immediately if the budget exceeds \$150,000; if the running time exceeds forty (40) minutes.*

CREW INFORMATION (please list all):

Position	Print Full Name:	DGA
Director		<input type="checkbox"/> Yes <input type="checkbox"/> No
UPM		<input type="checkbox"/> Yes <input type="checkbox"/> No
1 st Assistant Director		<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Assistant Director		<input type="checkbox"/> Yes <input type="checkbox"/> No
Associate Director		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stage Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXHIBIT "A"

Experimental Project Deal Memorandum

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

Name: _____

Tel#: _____ SSN# _____

Loanout Co: _____

Address: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Director | <input type="checkbox"/> First Assistant Director | <input type="checkbox"/> Associate Director |
| <input type="checkbox"/> Unit Production Manager | <input type="checkbox"/> Second Assistant Director | <input type="checkbox"/> Stage Manager |

Salary (U.S.): \$_____ (Studio) \$_____ (Location) per Week per Day per Show

Production Fee (U.S.): \$_____ (Studio) \$_____ (Location) per Day per Week

Start Date: _____ Guaranteed Period: _____

Project Title: _____

Other Terms: _____

Studio: _____ Location: _____ Both: _____

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

ACCEPTED AND AGREED:

Signatory Employer (Company Name): _____

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____

Date: _____