PROJECT INFORMATION FORM - THEATRICAL

This Project Information Form (PIF) should be filled out by an existing Directors Guild of America signatory company for each new theatrical film, low budget film or documentary film 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:**_____

Screenwriter/s:_____

Type: ☐Feature ☐ Freelance Short ☐Documentary ☐ Other:_____ **Low Budget Agreement**: ☐Yes ☐ No

Budget: (U.S.) **$**_____ **Produced on**: ☐Film ☐Digital ☐Other (specify):_____

Length (in minutes)**: _____** **Location/s:** _____

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

EMPLOYEE INFORMATION (Name all, print clearly):

Print Full Name:	Position:
	☐ Director
	☐ UPM
	☐ 1st Assistant Director
	☐ Key 2nd Assistant Director
	☐ 2nd Second Assistant Dir.
	☐ Add'l 2nd Assistant Dir.
	☐ Assoc. Dir/Tech Coordinator
	☐ 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: _____

Other Affiliations (check all that apply):

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

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

Company:_____ Contact: _____

Company:_____ Contact: _____

DISTRIBUTION INFORMATION:

Foreign:

Distributor/s: _____

Domestic:

Distributor/s: _____

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

Signature:_____ Title (print): _____

Print Name: _____ Phone: _____ Date: _____