



Form C
INCENTIVE APPLICATION

Tennessee Entertainment Commission
(615) 741-FILM (3456)
tn.entertainment@tn.gov

PRODUCTION INFORMATION

Production Title	Type of Production (i.e. Feature film, Scripted Television, etc.)	Name of Production Company
Executive Producer(s)	Producer(s)	Director

PRODUCTION COMPANY HEADQUARTERS INFORMATION (payment will be issued to this company)

Company Name	Contact Name	Contact Title
Contact E-mail Address	Contact Phone	Contact Fax
Company Address	Company City, State, Zip	Company Phone
Company Website	State where Incorporated or Registered	Federal Tax ID Number (FEIN)
Type of Entity (e.g. "C" or "S" Corporation, LLC, Partnership, Trust, etc.) Please attach a copy of last annual report filed		
Indicate if the production company is certified as minority-owned, women-owned, or service-disabled veteran owned: (as defined in T.C.A. §12-3-801 through 808 and Public Chapter 1140 effective July 1, 2010)		

PRODUCTION FINANCIAL INFORMATION

Total Budget (entire project)	Total TN Expenditures (paid to TN residents & vendors)	
Total TN Payroll (paid to TN residents)	Total TN Vendor Spend (paid to TN vendors, excluding music)	Total TN Music Amount (paid to TN residents/vendors)
Pre-Production Expenditures	Production Expenditures	Post-Production Expenditures
Number of Episodes Filmed in TN (Television Series Only)		

TENNESSEE CREW AND CAST INFORMATION

Total Crew	TN Crew	% TN Crew
Total Cast	TN Cast	% TN Cast
Average TN crew size (per day) for prep		Average TN crew size (per day) for shoot

TENNESSEE PRODUCTION SCHEDULE (Attach additional pages if necessary)

PERIOD	TN START DATE	TN END DATE	NUMBER OF DAYS
Pre-Production			
Production			
Post-Production			

ADDITIONAL INFORMATION

Date of Last Qualified Expenditure Incurred in TN / /	Anticipated Release / Premiere Date / /
The Production Will Premier in TN <input type="checkbox"/> YES <input type="checkbox"/> NO	Production has satisfied all financial obligations <input type="checkbox"/> YES <input type="checkbox"/> NO
Newspaper notice was posted at least once a week for 3 consecutive weeks in a local newspaper for each city filming took place NO <input type="checkbox"/> YES <input type="checkbox"/>	

ATTACH THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION (No use of commas, "&" and any special character in the file name)

- ☐ Copy of your insurance policy for production, including agent, insurance company(s) and policy amounts
- ☐ AUP Report with CPA License and Peer Review
- ☐ Related Party Transaction Form with Bids (If applicable)
- ☐ Detailed, current plans for distribution, including name(s) of distributor(s) to the extent known
- ☐ Final Budget
- ☐ General ledger
- ☐ Total Payroll report (excluding/obscuring individual social security numbers)
- ☐ Certificate of Legal Existence from the Secretary of State
- ☐ Crew Call sheets
- ☐ List of All Tennessee Locations Used – include address and contact information
- ☐ Final Crew list – include address and contact information
- ☐ Final Vendor list – include address and contact information
- ☐ Copy of TN Driver's Licenses (Legible Copies Only)
- ☐ Copy of Newspaper Notices or Invoice
- ☐ At least one copy of the production (Due upon completion)
- ☐ At least five production still photos in an electronic format with rights cleared for promotional use (Due upon completion)
- ☐ If Applicable, At least one poster for promotion of the project (Feature films only. Due upon completion)

I hereby certify that the information provided in this application is true and correct, and I am aware that any applicant that obtains incentives from the State of Tennessee by filing a knowingly false or fraudulent claim shall be liable to the State of Tennessee for reimbursement of all monies received. I understand that submission of an application does not in any way guarantee receipt of the incentive or that incentive funds will be available.

 Signature

 Date

 Printed Name

 Title

SEND COMPLETED FORM TO:
Tennessee Entertainment Commission
Email: tn.entertainment@tn.gov