Savannah Entertainment Production Incentive Rebate Certification Application

Submit applications to:
SEDA Production Accounting
c/o Hancock Askew & Co. LLP
P.O. Box 2486
Savannah, Ga. 31402

Overnight deliveries:
100 Riverview Dr.
Savannah, Ga. 31404

912.234.8243

Contacts:
Michael McCarthy, Project Manager
912.527.3319
mmccarthy@hancockaskew.com

Will Curry, Project Accountant
912.234.8243
wcurry@hancockaskew.com

Tina Bloos, Administrative Support
912.234.8243
tbloos@hancockaskew.com

For qualification questions, contact SEDA’s Entertainment Production Liaison, Ralph Singleton, at rsingleton@seda.org or 310.980.2022.

I/we have read and understand the Savannah Production Incentive Guidelines. □ yes

• Production must be scheduled to begin principal photography within 90 days of application.
• Production must meet with Savannah Film Office and spend a minimum two days of scouting before applying. Must have spoken with Ralph Singleton.
• Only one Production Company per project may receive certification for the rebate. In the instance of a work-for-hire, the work-for-hire company will not be eligible for the rebate.
• For every year claiming rebate, the applicant will need a certification letter.
• Project budget must be submitted along with this application in order for the application to be considered complete.
Application for year _____________

Is the project fully funded?
☐ yes  ☐ no

Is the production company applying for certification as a “work for hire” for another production company?
☐ yes  ☐ no

Did the production company applying for certification hire another production company as a “work for hire?”  ☐ yes  ☐ no

If yes, what is the production company name?
____________________________________________________________________________________

PRODUCTION COMPANY INFORMATION

NOTE: While it is understood that start dates may change, the applicant must be scheduled to begin principal and ongoing photography on the qualified film within 90 days after submitting this application. In addition, principal photography shall begin within 5 days of the start date on the application. Any changes must be submitted for approval to Ralph Singleton and Accounting Firm immediately or Certification could be revoked. Applications submitted MORE THAN 90 DAYS prior to start of principal photography WILL NOT BE CERTIFIED.

Legal Name and Address of Applicant:

Legal Name: _______________________________________________________________
Address: __________________________________________________________________
City/State/ZIP: __________
Contact Person: _____________________________      Title: ________________________
Email Address:  ______________________________
Phone: ____________________________________      Fax: ________________________
Date of Incorporation or Formation: _______     Federal Tax ID Number: ____________
Production Company (if different than applicant):

Legal Name: _______________________________________________________________
Address: __________________________________________________________________
City/State/ZIP: _________
Contact Person: _____________________________      Title: ________________________
Email Address: ______________________________
Phone: ____________________________________      Fax: ________________________

Date of Incorporation or Formation: ______    Federal Tax ID Number: ____________

Parent Company, If Applicable:

Legal Name: _______________________________________________________________
Address: __________________________________________________________________
City/State/ZIP: _________
Contact Person: _____________________________      Title: ________________________
Email Address: ______________________________
Phone: ____________________________________      Fax: ________________________

Date of Incorporation or Formation: ______    Federal Tax ID Number: ____________
Project Description

Title of Project:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Type of Production:

☐ Feature Film

☐ Cable TV Series, number of episodes? ________ Season number ________

☐ Network TV Series, number of episodes? ________ Season number ________

Script Attached?:  ☐ yes ☐ no

Please provide a description of the project: (story line)

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Names of Talent Attached:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Where in Chatham County are you planning to produce your project? (List locations):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Last updated: Feb. 17, 2016
## Production Information

The production will be asked to update this information once principal photography starts.

Estimated Total Number of Chatham County residents to be hired on the Production: _________________ (cast, crew, extras)

Wrap date: ____________________________

Number of Proposed Shooting Days in Georgia: ____________________________

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<tr>
<th>Pre-Production Project Start Date</th>
<th>No. of Chatham County Hires during Pre-Production</th>
<th>No. of Work Days Employed:</th>
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<thead>
<tr>
<th>Production Start Date (Principal Photography)</th>
<th>No. of Chatham County Hires during Production</th>
<th>No. of Work Days Employed:</th>
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<thead>
<tr>
<th>Post Production Start Date</th>
<th>No. of Chatham County Hires during Wrap</th>
<th>No. of Work Days Employed:</th>
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**NOTE:** To qualify, **60% of the shooting days must be in Chatham County. Only 50% of shooting days must be in Chatham County for production budgets exceeding $15 million.**

Shot Entirely in Georgia?  
☐ yes  ☐ no

If no, where else is the production being shot? ____________________________________________

Number of days shooting in Chatham County: ____________________________________________

Total Budget of Project: ____________________________________________

Distribution Plan: ____________________________________________

If television and commercial projects, which network? ____________________________________________
## Production Information (cont’d)

Theatrical distribution deal in place?  □ yes  □ no

Georgia Production Office Address: _______________________________________________________

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<th>Producer(s):</th>
<th>Phone:</th>
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<td>Producer(s):</td>
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<td>Director:</td>
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<td>Line Director:</td>
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<td>Unit Production:</td>
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<td>Location Manager:</td>
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Credits and promotional materials

To complete eligibility requirements, applicants will provide the following items:

Checklist:
☐ Signed IRS form W-9 for the applicant / production company
☐ All versions of the crew and contact lists, budget, shooting schedule, production reports and vendor list
☐ Proof of funding
☐ Any and all documents required by the auditing accounting firm
☐ Five production still photos in electronic format with rights cleared for promotional use by SEDA.
☐ Final Chatham County Location Breakdown List to include physical address and contact information
☐ An electronic press kit
☐ Three (3) posters of the type designed for promotion of the finished project
☐ A DVD of the finished production

I agree (Print Name and Signature) ____________________________________________________________

The above information will be provided by: ______________________________________________________

Name: ___________________________ Title: ___________________________
Company: ______________________________________________________________________________
Company Address: _________________________________________________________________________
City/State/ZIP: __________________________________________________________________________
Email Address: ___________________________ Fax: ___________________________
Phone: ___________________________
Agreement End Credit Roll

The end credit roll of a full-length motion picture that utilizes the Savannah Economic Development Authority’s rebate must recognize Film Savannah and requires use of the Film Savannah logo. The Savannah Economic Development Authority reserves the right to refuse use of its logo(s) in the credits of a motion picture filmed or produced in Chatham County.

Authorized Signature: ______________________________    Date: ______________________________

Contact Information for Post

Name: _______________________________________     Title:  _______________________________

Company: __________________________________________________________________________

Company Address:______________________________________________________________________

City/State/ZIP: _________________________________________________________________________

Phone: ___________________________________   Email Address: ______________________________
Certification by Applicant

Applicant is responsible for accuracy of all data and documentation included in this application. Initial applications are submitted to the Accounting Firm. Once submitted, applications will become the property of SEDA. It is the applicant’s responsibility to inform SEDA in the event that there are changes to any information on the application. Amendments must be sent via email to the Accounting Firm.

Upon written request, applicants shall issue any necessary authorization to the appropriate Federal, State or local authority for the release of information concerning a production being considered under these administrative rules, including but not limited to financial reports and records relating to the applicant or to the production for which this rebate is requested.

By signing below, the applicant certifies that all the information contained herein and exhibits attached thereto are true to the best of their knowledge and are submitted for the purpose of obtaining rebate through the Savannah Economic Development Authority.

Applicant Signature: ___________________________ Date: _____________________

Title: ___________________________________________ Phone: ___________________

Certification by the Savannah Economic Development Authority

Certification Signature: ___________________________ Date: _____________________

Title: ___________________________________________