



# Television & New Media Project Information Sheet

**PLEASE SUBMIT AT LEAST 3 WEEKS PRIOR TO THE START OF PRODUCTION**

**Live Action  
Animation**

**PROJECT TITLE:** \_\_\_\_\_

**Project Format:** Pilot Series Movie Multi-Part Other: \_\_\_\_\_

**Production Genre:** Dramatic/Sitcom Reality Talk Show Documentary Game Show

**Intended Initial Exhibition:** Television Internet DVD Other: \_\_\_\_\_

**For Television Projects:** Network TV CW Basic Cable Pay TV Syndication PBS

**Initial Television Exhibition Market (Note TV Channel):** \_\_\_\_\_

**URL (REQUIRED for Internet Exhibitions):** \_\_\_\_\_

**Will this content be available for download?:** Yes No

**Product or Service associated with the project?:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

\_\_\_\_\_

**Shooting Location(s) (city, state, country):** \_\_\_\_\_

**Studio Name & Address:** \_\_\_\_\_

**Travel Date(s):** \_\_\_\_\_ **Rehearsal Date(s):** \_\_\_\_\_

**Principal Photography** **Principal Photography**  
**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**Program Length:** \_\_\_\_\_ **Number of Episodes:** \_\_\_\_\_  
(If applicable)

**Total** **Principal** **Background**  
**Budget: \$** \_\_\_\_\_ **Budget: \$** \_\_\_\_\_ **Budget: \$** \_\_\_\_\_

**Are you deferring payment to Performers?** Yes No  
(Applicable to New Media Productions ONLY)

**Do you plan to use any of the following in your production? (Please check all that apply.)**  
Animals Dancers Minors Nudity Puppets Singers Stunts

**Signatory Company OR Individual Name:** \_\_\_\_\_

**Signatory Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Company Structure:** Fed. ID#: \_\_\_\_\_ State: \_\_\_\_\_ Corp: LLC: Partnership: Other: \_\_\_\_\_  
(If applicable)

**Casting:** Principals: \_\_\_\_\_ Background: \_\_\_\_\_

**Payroll House:** Principals: \_\_\_\_\_ Background: \_\_\_\_\_

**Project Financed by:** \_\_\_\_\_

**Copyright Holder:** \_\_\_\_\_

**Screenwriter(s):** \_\_\_\_\_

**Distribution Agreement with:** \_\_\_\_\_

**Licensing Agreement with:** \_\_\_\_\_

**Intended distribution beyond TV/New Media:** \_\_\_\_\_

**Intended Revenue Sources:** \_\_\_\_\_

**Insurance Carrier:** Workers Comp: \_\_\_\_\_ Airline (where applicable): \_\_\_\_\_  
Public Liability & Errors &  
Public Disability: \_\_\_\_\_ Omissions: \_\_\_\_\_

### **PERFORMER INFORMATION**

**Total number of Principal Performers:** \_\_\_\_\_

**Total number of Background Performers:** \_\_\_\_\_

**Number of SAG-AFTRA Members currently cast:** \_\_\_\_\_

(Please note at least 1 (one) SAG-AFTRA member must be cast in order to proceed with the signatory process for NEW MEDIA projects. Please list all SAG-AFTRA members on the attached Pre-Production Cast List prior to submission.)

### **ADDITIONAL DOCUMENTS**

The following documents must be included with your submission in order to proceed with the signatory process:

- ✓ Pre-Production Cast List (Attached)
- ✓ Line-Item Budget
- ✓ Copy of the Script (Treatments/Outlines are acceptable for non-scripted projects.)
- ✓ Signatory Verification
  - Copy of Personal Photo ID (If signing as an Individual)
  - Formation Documents (If signing as a Corporation, LLC, etc.)

### **SUBMISSION PROCESS**

Please email the completed Preliminary Project Sheet and all documentation noted above to:

- For TELEVISION Projects: [SignTVProjects@sagaftra.org](mailto:SignTVProjects@sagaftra.org)
- For NEW MEDIA Projects: [SignNMProjects@sagaftra.org](mailto:SignNMProjects@sagaftra.org)

After your paperwork has been reviewed, a Business Representative will contact you with further information.

**Please allow 2-3 business days for review and assignment.**

**THIS FORM MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE SIGNATORY COMPANY.**

I hereby certify the information stated above is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

