

TITLE :

MEDIA PLUS PROGRAMME DISTRIBUTION

Call for Proposals 87/2004

PRODUCER :

SUPPORT FOR TV BROADCASTING

APPLICATION FORM

(to be completed and signed by each applicant company)

TWO copies

The applicant company hereby confirms :

- that it is familiar with the guidelines “Support to broadcasting of European Audiovisual works ” of the MEDIA Plus Programme and that they accept and observe the conditions and procedures specified therein ;
- that it is a European independent production company as defined in the guidelines applicable to call for proposals 87/2004
- that the work proposed for distribution does not consist of advertising, pornographic or racist material, or advocates violence ;
- that it guarantees the execution of its obligations ;
- that it is not in one of the situations listed in the guidelines section 2.3 a)-f).
- that the person signing this application has been duly authorised by the company to do so.
- that I am fully aware that my organisation is not entitled to receive more than one grant from the Commission for the action covered by this application and will therefore withdraw any application for any other grant from the Commission should this application be successful, or will withdraw this application should any other application be successful. I also agree to the publication of information about the grant award, should my application be successful.

CHECK LIST

Your application form will be the basis of the assessment of your project and therefore your attention is drawn to the fact that failing to fully complete the form will reduce your chances of selection and may render your application ineligible.

Please be reminded to supply all applicable documents/attachments as listed below. Only then your application will be considered eligible.

Forms :

The legal representative of the company must date and sign forms I, II and III! :

- I Legal Entity**
- II Bank Identification**
- III Financial Capacity**

IV Information concerning the company:

- Curriculum Vitae of the managing director - *ONE example*
- Financial position of the company (Audited accounts for the last fiscal year). For proposals where the costs to be financed exceeds Euro 300.000, this report must identify the subsidies received during the last fiscal year and must also allow for an appreciation of the viability of the company. - *ONE example*
- Declaration of the co-producers designating the applicant producer as the leading producer for the eventual conclusion of a contract with the European Commission

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V Information concerning the production to be broadcast:

- A declaration concerning the rights to the work :
 - if the project is an original work, a declaration by the author and the applicant producer certifying that the work does not infringe the rights of any third party ;
 - if the project is an adaptation upon copyrighted material, a contract between the rights holder or agent and the applicant producer.
- Curriculum Vitae of the director of the production

IV Forecast budget and financial plan:

- Detailed production budget (in the usual format used by the producer)
- Contracts or letters of commitment for the sources of financing specified in the financial plan. In particular, with regards to the broadcasters' involvement, these contracts or letters of commitment must clearly specify the licence price and the licence term. If the broadcaster's participation also takes the form of a co-production, also the conditions of such co-producer's relationship must be specified. **(Please enclose a summary of key items in English or French if the contract is in any other language.)**

Signature of applicant : Date :

Name of applicant : Position in the Company :

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I. Legal Identification Form:

LEGAL ENTITY

PRIVATE COMPANIES

TYPE OF COMPANY	<input type="text"/>																													
NAME(S)	<input type="text"/>																													
	<input type="text"/>																													
	<input type="text"/>																													
ABBREVIATION	<input type="text"/>																													
OFFICAL ADDRESS (Head Office)	SPECIMEN																													
																<input type="text"/>														
																<input type="text"/>														
POSTAL CODE	<input type="text"/>	P.O. BOX	<input type="text"/>																											
CITY	<input type="text"/>																													
COUNTRY	<input type="text"/>																													
VAT	<input type="text"/>																													
PLACE OF REGISTRATION	<input type="text"/>																													
DATE OF REGISTRATION	<input type="text"/>																													
	D	D	M	M	Y	Y	Y	Y																						
REGISTRATION N°	<input type="text"/>																													
PHONE	<input type="text"/>										FAX	<input type="text"/>																		
E-MAIL	<input type="text"/>																													
CONTACT PERSON	<input type="text"/>																													

This "Legal entity" form should be filled in and returned together with:

- * A copy of any official document (e.g. official gazette, register of companies etc...) showing the company's name and official address, as well as the registration number given to it by the national authorities;
- * A copy of the VAT registration document if applicable, and if the VAT number does not appear on the official document referred to above.

DATE :	STAMP
NAME(S) AND FUNCTION(S) OF THE AUTHORISED REPRESENTATIVE(S)	
SIGNATURE(S)	

PLEASE USE THE APPROPRIATE FORM FOR THE LEGAL STRUCTURE OF THE APPLICANT COMPANY IN THE COUNTRY IN WHICH IT IS ESTABLISHED. THE FORMS ARE AVAILABLE ON http://europa.eu.int/comm/budget/execution/legal_entities_fr.htm

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II. Bank Identification Form :

Full legal name of the Company :

Short name (where applicable)

Acronym (where applicable)

Legal Status (association, commercial company, etc...)

Foundation date :

Activity :

VAT No.

Legal Registration No.

Statutory Legal Representative (enclose CV) :

Position in the company :

The information stated will be used to establish the agreement between the Commission and the applicant if selected.
Please mention the complete name and legal status of the company along with the statutory legal representative.

Name of the authorised signatory for agreements with the Commission and position in the company:

Address of the registered office :

Street : Tel :

Town : Fax :

Post Code : Country E-mail :

Address for correspondence (if different) :

Street : Tel :

Town : Fax :

Post Code : Country E-mail :

Details of the bank account:

Name of Bank:

Name of the branch:

Address of Branch : Street..... Town.....
Postal CodeCountry.....

Account Number:

Branch Code:

SWIFT Code (BIC):

IBAN Code:

Name of account:

(If this page is not stamped, the applicant is required to enclose a letter from the bank confirming these bank details)

Address in bank's records :

Street : N°

Post Code : Town: Country.....

Signature of the statutory legal representative of the company:

Date and Signature:.....

Original Stamp of the Bank:

Name and signature of an authorised official of the bank:

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III. Information on the Financial Capacity of the Applicant :

Applicant certifies that it has enclosed the following document with the application:

- Complete annual accounts (balance sheet, profit and loss accounts and, if available, all relevant annexes) of the applicant company**

Approved by :

- Board General Assembly
- Other (please specify).....
- Date:.....Signed by:.....
- Position:.....

Certified by :

- Approved Auditor in compliance with the 8th Directive 84/253/CEE

Name:.....

The Applicant company must provide the following figures, based on the most recent complete certified accounts enclosed with this application :

Fiscal Year :

Currency:

I – BALANCE SHEET

<i>Assets</i>		<i>Liabilities</i>
Formation expenses:		Capital and reserves:
<input style="width: 150px; height: 15px;" type="text"/>		<input style="width: 150px; height: 15px;" type="text"/>
Total assets:		Capital and reserves + creditors:
<input style="width: 150px; height: 15px;" type="text"/>	(=)	<input style="width: 150px; height: 15px;" type="text"/>

II – PROFIT AND LOSS ACCOUNT

Depreciation (recognised as operating expenses):	<input style="width: 150px; height: 15px;" type="text"/>
Operating profit or loss¹:	<input style="width: 150px; height: 15px;" type="text"/>
Total costs²:	<input style="width: 150px; height: 15px;" type="text"/>
(operating costs + financial charges + extraordinary charges + taxation charges)	
Profit or loss for the financial year after tax:	<input style="width: 150px; height: 15px;" type="text"/>

Name of the Applicant company's legal representative:

Date and signature :

¹ Operating Profit/Loss is the difference between the Operating Income (excluding financial and extraordinary income) and the Operating Costs (excluding financial and extraordinary charges). Please indicate whether this amount is positive (« + ») or negative (« - »).

² Total costs = total of operating costs, financial charges, extraordinary charges and taxation charges.

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IV. Information concerning the company :

Contact person for this project :

Contact Person :

Position in the company :

Company personnel :

Managing Director:

Head of Finance :

Number of employees : permanent : temporary :

Shareholders of first rank:

Name of shareholder	Nationality	% shareholding
.....
.....
.....
.....

Shareholders of second rank:

State precisely on an explanatory sheet the information requested to prove that the company is held either directly, or by majority share by citizens of Member states of the European Union (or by citizens of other states participating in the MEDIA programme) and established in those countries. In the case of insufficient information, the producer may be considered as ineligible.

Existing subsidiaries of the Company :

Name of Company	Country	Main activity	% shareholding
.....
.....
.....

Turnover of the Company for the last fiscal year :

Closing date of accounts: Number of months of accounts:

Turnover: in local currency: in EURO :

Operating (loss)profit: in local currency..... in EURO.....

Current assets: in local currency:..... in EURO.....

Enclose the financial records of the company (Audited accounts for the last fiscal year)

Turnover of the company in respect of TV broadcasters

(Specify for each : name, and the amount of turnover with the company for the last fiscal year)

Name	Country	Turnover generated
.....
.....
.....
.....

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V. Information concerning the production to be broadcast

In the event that more than one project is proposed, an application must be completed for each project.

Title :
Original title :

Director :	Nationality / Residence :
Script Writer :	Nationality / Residence :
Principal Cast :	
.....	Nationality / Residence
.....	Nationality / Residence
.....	Nationality / Residence
Composer:	Nationality / Residence
Director of Photography:	
.....	Nationality / Residence
Editor:	Nationality / Residence
Sound:	Nationality / Residence
Main Graphic Artist(s) (for animation projects only):	
.....	Nationality / Residence
.....	Nationality / Residence
.....	Nationality / Residence
Shooting Location (for documentary and fiction projects, if applicable):	
.....
Laboratory:

Genre :			
Fiction <input type="checkbox"/>	Documentary <input type="checkbox"/>	Animation <input type="checkbox"/>	
Format :	Length (in minutes) :		
First day of principal photography (date) :			
Shooting Period (if applicable):			
For animation projects only: please attach your detailed Production Schedule on a separate page.			

Was the development of the project supported within the framework of the MEDIA Programme (single projects or slate funding)?			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please indicate the MEDIA Development contract number :			
Contract n°			

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PRODUCER :

Broadcaster 1

Name :
Contact name :
Tel : Fax :
E-mail :
Country :
Pre-buy Co-production
Licence term period :
Linguistic version :
Date of delivery :
Predicted date of transmission :

Broadcaster 2

Name :
Contact name :
Tel : Fax :
E-mail :
Country :
Pre-buy Co-production
Licence term period :
Linguistic version :
Date of delivery :
Predicted date of transmission :

Broadcaster 3

Name :
Contact name :
Tel : Fax :
E-mail :
Country :
Pre-buy Co-production
Licence term period :
Linguistic version :
Date of delivery :
Predicted date of transmission :

Broadcaster 4

Name :
Contact name :
Tel : Fax :
E-mail :
Country :
Pre-buy Co-production
Licence term period :
Linguistic version :
Date of delivery :
Predicted date of transmission :

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VI. Forecast Production budget and financial plan

Please read carefully the Financial Guide (Annex I) before filling in the production budget and financing plan).

Production budget (Expenditure)

1. Pre-production costs	
1.1 Rights Acquisition Costs (Literary/Script)€
1.2 Music Rights€
1.3 Archive Rights€
1.4 Copyright Insurance (E&O)€
1.5 Other pre-production costs (to be specified in detail)€
.....	
.....	
Sub-Total 1€
2. Personnel and assistance (including social security / charges)	
2.1. Company staff (working for the production)	
2.1.1 Salaries..... N° staff..... N° of days:.....€
2.1.2 Social security and taxes N° staff..... N° of days:.....€
2.2 Production Crew	
2.2.1 Salaries..... N° staff..... N° of days:.....€
2.2.2 Social security and taxes N° staff..... N° of days:.....€
2.3 Production Cast	
2.3.1 Salaries..... N° staff..... N° of days:.....€
2.3.2 Social security and taxes N° staff..... N° of days:.....€
2.4 Main Cast/Crew	
2.4.1 Film director	
a) Salaries N° of days:.....€
b) Social security and taxes N° of days:.....€
2.4.2 Lead actor/actress (please specify name)	
.....	
a) Salaries N° of days:.....€
b) Social security and taxes N° of days:.....€
2.4.3 Lead actor/actress (please specify name)	
.....	
a) Salaries N° of days:.....€
b) Social security and taxes N° of days:.....€
2.4.4 Lead actor/actress (please specify name)	
.....	
a) Salaries N° of days:.....€
b) Social security and taxes N° of days:.....€
For animation projects only:	
2.4.5 Main Graphic Artist (please specify name)	
.....	
a) Salaries N° of days:.....€
b) Social security and taxes N° of days:.....€

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2.4.6 Main Graphic Artist (please specify name)

.....
a) Salaries N° of days: €

b) Social security and taxes N° of days: €

Sub-Total 2 €

3. Travel

3.1 Company staff (working for the production)

3.1.1 Accommodation N° staff N° of days: €

3.1.2 Transport N° staff N° of days: €

3.1.3 Travel other (please specify) €
.....

3.2 Production Crew

3.2.1 Accommodation N° staff N° of days: €

3.2.2 Transport N° staff N° of days: €

3.2.3 Travel other (please specify) €
.....

3.3 Production Cast (including main cast)

3.3.1 Accommodation N° staff N° of days: €

3.3.2 Transport N° staff N° of days: €

3.3.3 Travel other (please specify) €
.....

Sub-Total 3 €

4. Equipment and logistics

4.1 Rental of surfaces

a) Studio €

b) Location facilities €

4.2 Specific production costs

a) Sets/Set design €

b) Costumes/Make up/Hair €

c) Props €

d) Camera €

e) Sound €

f) Lighting €

g) Electric Equipment €

h) Special Effects €

4.3 Purchase of other equipment (please specify). €

..... €

4.4. Rental of other equipment (please specify) €

..... €

4.5 Transport of equipment and material €

4.6 Car rental €

Sub-Total 4 €

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5. Prints and production costs

5.1 Dubbing.....	€
5.2 Subtitling.....	€
5.3 Raw stock and laboratories.....	€
5.4 Editing.....	€
5.5 M/E Tracks.....	€
5.6 Post-production (mixing / mastering).....	€

Sub-Total 5€

6. Advertising and promotion costs

6.1. Advertising materials.....	€
6.2 Promotion activities (please specify in detail).....	€

.....

Sub-Total 6€

7. Other Costs

7.1 Financing costs, if any.....	€
7.2 Audit fees.....	€
7.3 Insurance (completion, production).....	€
7.4 Other (please specify in detail).....	€

.....

Sub-Total 7€

TOTAL DIRECT COSTS€

8. Fees & Overheads (calculated on a lump percentage basis of total Direct Costs)

8.1 Producer's fee (max. 5%).....	€
8.2 General Overheads (max. 7%).....	€
8.3 Contingencies*, if any (please clarify in detail) (max. 5%).....	€

.....

Sub-Total 8€

TOTAL PRODUCTION BUDGET€

* The calculation of contingencies is only allowed in extraordinary circumstances and must be accompanied by a specific separate written explanation.

Attention: Contingencies shall be considered ineligible in the final expenditure report.

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Financial plan

Participant	Name/ Nationality	Nature of commitment	Amount (€)	% of total budget	Comments
<i>Broadcaster 1:</i>					
<i>Broadcaster 2:</i>					
<i>Broadcaster 3:</i>					
<i>Broadcaster 4:</i>					
<i>Broadcaster 5:</i>					
<i>Broadcaster 6:</i>					
Subtotal:					
<i>Distributor 1:</i>					
<i>Distributor 2:</i>					
<i>Distributor 3:</i>					
<i>Distributor 4:</i>					
<i>Coproducer 1:</i>					
<i>Coproducer 2:</i>					
<i>Coproducer 3:</i>					
<i>Public fund 1 :</i>					
<i>Public fund 2 :</i>					
<i>Public fund 3 :</i>					
<i>Public fund 4 :</i>					
<i>Other EU Funds</i>					
<i>Tax shelter</i>					
Subtotal:					
<i>Producer's investment</i>					
<i>Total amount MEDIA requested:</i>					<12.5/20%
TOTAL:					