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www.kwazulunatalfilm.co.za

PO Box 5274
Durban
4000

Ref. No

Date of Receipt

PRODUCTION FUNDING APPLICATION FORM

The following Compulsory Documents must be submitted with the PRODUCTION application form.

- A one page letter of motivation
- A brief synopsis not to exceed one page
- A full itemised production budget in addition to the top sheet that is part of this application. Please highlight budget items to be spent in KZN (50% of total budget must be spent in KZN)
- A treatment or project outline (Narrative projects submit a director's treatment and Documentaries submit a detailed outline)
- A full script for feature projects and scripts for all episodes for TV series
- A comprehensive production schedule
- A comprehensive distribution and marketing plan with letters of intent and commitment
- A detailed financial plan with letters of intent or commitment from other financiers where applicable
- A summary of the work experience and/or qualifications of the key creative team
- **Only filmmakers who either professionally or through training have produced, directed, or written a short film, documentary, etc. are eligible to apply for production funding**
- A certified copy of the applicant's South African identity document (not older than 3 months)
- Registration documents of the company applying for funding
- Valid tax clearance PIN from SARS
- Valid BEE certificate
- SBD 4, 8 & 9 forms

PLEASE NOTE:

- Summaries of CVs (2 pages) of the individuals making up the production team (**writer, researcher, HoD's, Producer, Director, etc.**) **must be included**
- Attach relevant copyright information
- **The entire proposal package must be submitted (including the application)**
- **Applications can be emailed to KZNFilmFund@kwazulunataalfilm.co.za during the lockdown**
- **Do not blind or staple material in any fashion other than using a two-hole punch with file fasteners.**
- Attach information on other confirmed sources of finance if available
- Successful application will receive letters of intent. In order to secure the grant the recipient will be required to sign an agreement with the KwaZulu Natal Film Commission
- Should the applicant or recipient not be contactable for 2 months at the given address or contact number from the date of receipt of granting the application or the grant will be cancelled, should there be a change of contacts the onus is on the applicant to notify the KwaZulu Natal Film Commission
- The Commission will provide written acknowledgement of applications within 4 weeks of receipt
- No applications shall be returned to the applicant
- You may submit extra material, e.g. videos, photographs, etc. **(if available)**
- Should the applicant become the recipient, she/he will be the signatory of the contract and/or on behalf of his or her company
- Please ensure that you complete the information as requested in the access and equity section below

Proposals that do not adhere to the above criteria will be disqualified

KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

FILM FUND: APPLICATION FOR PRODUCTION FUNDING

A. TITLE OF PROJECT

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B. APPLICANT

Name of Applicant:
Physical & Postal Address:
(Please include Province)

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ID Number:

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Home Telephone:

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Work Telephone:

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Cell Phone:

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Fax:

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Email:

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C. COMPANY DETAILS

Company Name:

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Company Registration Number:

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Physical Business Address:

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Postal Address:
(Please include Province)

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Contact Name:

Home Telephone:

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Work Telephone:

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Cell Phone:

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Fax:

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Email:

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KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

Synopsis of Company Profile	Male	Female
Number of permanent employees		
Number of permanent Black (African, Indian, Coloured) employees		
% of Shared Equity owned by Blacks (African, Indian, Coloured)		
Number of Black (Africa, Indian, Coloured) employees in Senior/Executive Management Positions		
Number of Black (African, Indian, Coloured) employees in Junior Management Positions		
Temporary / Freelance employees		

D. CATEGORY

<input type="checkbox"/> Feature	Total Running Time in Minutes <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Short	
<input type="checkbox"/> TV Series	
<input type="checkbox"/> Documentary	
<input type="checkbox"/> Other – Specify: <input style="width: 750px;" type="text"/>	

Genre:	<input style="width: 800px;" type="text"/>
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Logline – A brief one line description of your story:	<input style="width: 800px;" type="text"/>
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Proposed Shooting Format (tick more than one if applicable)

<input type="checkbox"/> Video (HiDef, Digibeta, DVCam, MiniDV, BetaSP, etc.)
<input type="checkbox"/> Other - specify <input style="width: 750px;" type="text"/>

E. ANTICIPATED SCHEDULE

	From:	To:
Pre-Production		
Production		
Post-Production		

F. NON KZN COMPONENT

Please specify any non-KZN component of the project (e.g. locations, investors, principal creative team, artists).
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KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

G. PRINCIPAL CREATIVE TEAM

	Name	Contact Number	Male	Female
Director:				
Producer:				
Writer:				

H. COPYRIGHT

The Applicant must be the originator of the script, treatment or outline concerned, or be the holder of copyright or have an option to the rights in any and all works on which the project is to be based.

	YES	NO
Original Idea? If no, attach full details on a separate sheet		
True Story / Real Life Characters? If yes, attach full details on a separate sheet. If partially based on or drawn from a true story or involving real life characters, attach full details on a separate sheet.		
Underlying work/third party content? If yes , attach full details on a separate sheet.		
Are you aware of any claims against your control or ownership of the rights?		

I. FINANCIAL PLAN SUMMARY

INVESTOR	COMMITTED		PENDING	
	AMOUNT	%	AMOUNT	%
KZN Film Commission			R	
TOTALS	R		R	

KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

J. PLEASE BRIEFLY MENTION ANY OTHER (INCLUDING THIS ONE) PROJECT YOU ARE INVOLVED IN AND THE STATUS OF THE PROJECT

I/We declare that the information provided herein and in the supporting documentation appended to this application is accurate.

SIGNATURE(S) _____ DATE: _____

K. ACCESS AND EQUITY

The KwaZulu Natal Film Commission aims to provide equitable access by South Africans to its funding initiative regardless of their racial background, culture, sex, physical or intellectual disability. In order to assist in monitoring performance in this regard and comply with statutory obligations it would be greatly appreciated if you would complete the following details and include it with your application. Statistics generated from this information will be presented in aggregate and will not form part of your application.

PRODUCER

Project Title: _____

Your Name: _____

Date: _____ Date of Birth: _____

Please tick with an X in the appropriate box.

Are you male or female?	M	F
Race?	B	W
Do you have any physical disability?	Yes	No
Are you a South African citizen?	Yes	No
Are you a South African resident?	Yes	No

Which Province are you from? _____

KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

L. BUDGET

ABOVE THE LINE COSTS	
STORY	
PRODUCER	
DIRECTOR	
CAST	
TRAVEL & LIVING	
TOTAL ABOVE THE LINE COSTS	
BELOW THE LINE COSTS	
PRODUCTION COSTS	
PRODUCTION STAFF	
CAMERA	
SET DESIGN	
SET CONSTRUCTION	
SET OPERATIONS	
LIGHTING	
SPECIAL EFFECTS	
SET DRESSING	
PROPERTIES	
EXTRA TALENT	
WARDROBE	
MAKEUP & HAIRSTYLISTS	
PRODUCTION SOUNDS	
TRANSPORTATION	
LOCATION EXPENSE	
LABORATORY	
VIDEO POST PRODUCTION	
TESTS	
TOTAL PRODUCTION COSTS	
POST PRODUCTION COSTS	
EDITING	
MUSIC	
POST PRODUCTION SOUND	
TITLES	
LABORATORY PROCESSING	
TOTAL POST PRODUCTION COSTS	
ADMINISTRATIVE EXPENSE	
PUBLICITY	
COMPLETION BOND	

KWAZULU NATAL FILM COMMISSION: PRODUCTION FUNDING APPLICATION FORM

INSURANCE	
CONTIGENCY	
OTHER COSTS	
TOTAL ABOVE THE LINE	
TOTAL BELOW THE LINE	
TOTAL ABOVE & BELOW THE LINE	
TOTAL KZN EXPENDITURE	
TOTAL BUDGET	