One Capitol Hill, 3rd Floor – Providence, RI 02908 – 401/222-3456 – 401/222-3018 Fax
Steven Feinberg, Executive Director

RHODE ISLAND FILM & TV
MOTION PICTURE PRODUCTION TAX CREDIT

INITIAL APPLICATION

[Identification Number (Office Use Only) _____]

☐ Feature Film ☐ TV Movie/Pilot ☐ TV Series ☐ Commercial Music Video

☐ Other _____

(please check one)

Name and Mailing Address of Motion Picture Production Company:

_____
Name

_____
Address City State Zip Code Country

_____
Contact Person Title Telephone Number

Production Company's Rhode Island Domiciled Address:

_____
Address City Zip Code Effective Date

Name of Production: _____

Federal Taxpayer Identification Number: _____

Rhode Island Banking Institution:

_____
Name

_____
Address City Zip Code

_____
Contact Person Title Telephone Number

Location of Soundstage:

_____
Address City State Zip Code Country

Brief Background of Company/Companies Involved in Production: _____

_____

_____

_____

_____

Brief Story Synopsis: _____

_____

_____

_____

_____

_____

Anticipated Total Rhode Island Production Budget: _____

Anticipated Start Date: _____ **Anticipated Completion Date:** _____

Anticipated number of principal and ongoing photography days in Rhode Island: _____

Anticipated number of photography days outside of Rhode Island: _____

Anticipated Amount of Motion Picture Tax Credit: _____

"ABOVE THE LINE" PERSONNEL

Name: _____

Credits: _____

_____

Name: _____

Credits: _____

_____

Name: _____

Credits: _____

_____

INTERNSHIPS

Briefly describe or attach additional information on your plans to participate in internship programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:

_____

_____

_____

_____

_____

_____

Anticipated Number of Interns: _____

TRAINING PROGRAMS

Briefly describe or attach additional information on your plans to participate in training programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:

_____

_____

_____

_____

_____

_____

Anticipated Number of Training Program Participants: _____

DIVERSITY PROGRAMS

Briefly describe or attach additional information on your plan to participate in diversity programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry designed to promote and encourage training and hiring of Rhode Island residents who represent the diversity of the Rhode Island population:

_____

_____

_____

_____

_____

_____

Anticipated Number of Minorities Hired: _____

Anticipated Total Number of Rhode Island Residents Hired: _____

REQUIRED DOCUMENTATION (PLEASE ATTACH)

- ☐ Secretary of State Articles of Corporation
- ☐ Certificate of Disclosure of Corporation
- ☐ Viable Distribution Letter of Intent
- ☐ Anticipated schedule of days each "above the line" personnel (i.e.; Motion Picture Director, Producers, Writers and Featured Actors) of the motion picture production will arrive and depart Rhode Island
- ☐ Anticipated calendar of days each "above the line" personnel plans to perform work within Rhode Island
- ☐ Certificate of Insurance listing State of Rhode Island as Additional Insured

By signing below, I/we understand that, along with this completed document and required documentation, in compliance with the Rules and Regulations, I/we must provide screen credit to the Rhode Island Film & Television Office using the following language:

With grateful acknowledgement to the State of Rhode Island and Steven Feinberg, Rhode Island Film & Television Office

The Rules and Regulations definition of screen credit is as follows: "'Screen Credit' means a Motion Picture company engaged in a State Certified Production shall accord the State of Rhode Island, The Rhode Island Film & Television Office, along with the approved name and title of the Film Office Director, at the Film Office Director's sole discretion, a credit on screen "With grateful acknowledgement to" in the end titles of the Motion Picture with all other characteristics (including, without limitation, size, form, placement and duration) of such credit that equal to end credit of principal actor."

I/we also understand that I/we must provide the Rhode Island Film & Television Office two (2) DVD's of the finished production.

Under penalty of perjury, I/we declare that I/we have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me/us to legal penalties.

Motion Picture Company: _____

_____	_____
Signature of Authorized Agent	Print Name of Authorized Agent
_____	_____
Title of Authorized Agent	Date

Please send completed application and initial materials to:
Steven Feinberg, Executive Director
Rhode Island Film & Television Office
One Capitol Hill, 3rd Floor
Providence, RI 02908