

# Broward County Film Commission Incentive Programs



## BROWARD COUNTY FINAL ECONOMIC IMPACT REPORT

\*NOTE: This form is for Broward County expenditures/payroll only

Project Number: \_\_\_\_\_

APPLICANT INFORMATION			
PROJECT TITLE		DEPARTMENT USE ONLY: DATE RECEIVED	
APPLICANT			
PERMANENT ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN U.S.A.			
PROJECT INFORMATION			
<b>PRODUCTION TYPE</b> <input type="checkbox"/> Feature Film <input type="checkbox"/> TV Movie <input type="checkbox"/> TV Pilot or Episodic TV Show <input type="checkbox"/> Documentary <input type="checkbox"/> Commercial <input type="checkbox"/> Other			
<b>PRODUCTION SCHEDULE</b>	START DATE OF PRE-PRODUCTION (mm/dd/yy)		START DATE OF PRINCIPAL PHOTOGRAPHY IN BROWARD COUNTY ("BC") (mm/dd/yy)
	START DATE OF POST-PRODUCTION (mm/dd/yy)	NUMBER OF SCOUTING DAYS IN BC	PROJECT COMPLETION DATE (INCLUDING POST PRODUCTION) (mm/dd/yy)
	END DATE OF POST-PRODUCTION (mm/dd/yy)		
	TOTAL DAYS OF (PRE/PRINCIPAL/POST) PRODUCTION IN <b>ALL LOCATIONS</b> (BC AND ELSEWHERE)		
	A. NUMBER OF <b>PRE-PRODUCTION</b> DAYS IN BC		B. NUMBER OF <b>PRINCIPAL PHOTOGRAPHY PRODUCTION</b> DAYS IN BC
	C. NUMBER OF <b>POST-PRODUCTION</b> DAYS IN BC		D. <b>TOTAL DAYS</b> OF PRODUCTION IN BC (A+B only)
<b>PRODUCTION LOCATION</b>	PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN U.S.A.)		
	POST-PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN U.S.A.)		
	LIST PRE-PRODUCTION LOCATIONS IN BC (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE); MAY ATTACH ADDITIONAL PAGES IF NECESSARY.		
	LIST PRINCIPAL PHOTOGRAPHY LOCATIONS IN BC (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE); MAY ATTACH ADDITIONAL PAGES IF NECESSARY.		
	LIST POST-PRODUCTION LOCATIONS IN BC (INCLUDE VENDOR NAME, STREET ADDRESS, CITY, STATE, ZIP CODE)		

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FINANCIAL INFORMATION			
Category	Number	Total BC Spend	PROJECT TITLE:
HOTEL ROOM NIGHTS		\$	<div>NOTES:</div> <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div>
LOCAL CREW		\$	
ACTORS		\$	
EXTRAS		\$	
PER DIEM PAID TO NON-LOCALS		\$	
LOCATION FEES		\$	
STAGE EXPENSES		\$	
CASTING EXPENSES			
OFFICE RENTAL AND SUPPLIES		\$	
SECURITY EXPENSES		\$	
COMMUNICATION EXPENSES (phone calls)		\$	
EQUIPMENT RENTALS		\$	
VEHICLE RENTALS AND EXPENSES		\$	
CATERING EXPENSES		\$	
LOCAL POLICE		\$	
LOCAL FIRE RESCUE		\$	
LOCAL PARKS		\$	
LOCAL TRANSIT		\$	
LOCAL FACILITIES		\$	
COUNTY/MUNICIPAL PERSONNEL		\$	
OTHER BC		\$	
ART DEPT / WARDROBE EXPENSES		\$	
CONSTRUCTION COSTS		\$	
HOTEL TAX		\$	
ALL OTHER (attach list)		\$	
STUDENT		\$	
<b>TOTAL</b>		\$	

BUDGET VS. ACTUAL		
	Budget	Actual
Total Expenses	\$	\$
BC Qualified Expenses	\$	\$

  

PAID STUDENT WORKERS & RECENT GRADUATES			
	TOTAL	BC Residents	Non-BC Residents
Number			
Salary & Wages Paid	\$	\$	\$

Did any person hired to provide services do so through a loan-out company?   ☐ Yes   ☐ No   If so, how many?  
 Attach evidence that the loan-out company was incorporated or registered to do business in BC on the start date of principal photography in BC or the date of engagement, whichever is later. Please be sure to provide information for (1) all work performed thorough the loan-out and (2) that portion of the work done in BC.

**Broward County Film and Television  
Incentive Program**



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**SAMPLE LOAN-OUT COMPANY FORM**

Name of Loan-Out Company and FEIN #	Permanent Address of Loan-Out Company	Principals Name	Start Date	End Date	# of Hours Worked (in BC only)	Compensation (in BC only)	Personnel Counted as Cast or Crew
TOTAL COMPENSATION & HOURS							

**Broward County Film and Television  
Incentive Program**



**BROWARD COUNTY FINAL ECONOMIC IMPACT REPORT**

PRODUCTION INFORMATION			
EXECUTIVE PRODUCER			
NAME			

DIRECTOR			
NAME			

PRODUCER			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

PRODUCTION ACCOUNTANT (Sr. Financial Analyst)			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

LEAD ACTOR			
NAME			

LEAD ACTRESS			
NAME			

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## BROWARD COUNTY FINAL ECONOMIC IMPACT REPORT

DISTRIBUTOR (Domestic or International; if known)			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

COMPLETION BOND COMPANY (if utilized)			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

PRODUCTION INSURANCE COMPANY			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

PRODUCTION PAYROLL SERVICE			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

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<b>PUBLICIST</b>			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

<b>AUDITOR</b>			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL	TELEPHONE	CELL PHONE	

<b>Locations List with Addresses</b>

<b>SIGNATURE, VERIFICATION AND SUBMISSION</b>			
Under penalties of perjury, I declare that I have examined this application, including all the attachments, and to the best of my knowledge and belief it is true, correct and complete. THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.			
Signature of Officer of Company		Title	Date
Print Officer's Name	Telephone # ( )	Email Address	
Name and Title of Preparer	Email Address	Telephone # ( )	
Preparer's Address	City	State	Zip