



Film Industry Financial Incentive (FIFI) Application

Completion of this form constitutes application for certification Wyoming's Film Industry Financial Incentive (FIFI) funds.

PRODUCTION TYPE

<input type="checkbox"/> Feature Length Film	<input type="checkbox"/> Short Film	<input type="checkbox"/> Commercial	<input type="checkbox"/> Documentary
<input type="checkbox"/> Video	<input type="checkbox"/> Television Segment	<input type="checkbox"/> Television Series	<input type="checkbox"/> Other _____

PRODUCTION TITLE

Title of Production:

PRODUCTION COMPANY APPLYING FOR INCENTIVE FUNDS

Contact Name:

Business Mailing Address:

City: State: ZIP:

Phone: Email:

Sole Proprietorship Partnership Corporation LLC Other

ESTIMATED PRODUCTION COSTS

Total Production Budget: \$ *Planned Expenditures in Wyoming: \$

*Rebate amount based on planned expenditures and cannot exceed the contracted amount.

REBATE PERCENTAGE CRITERIA

Rebate percentage between 12% and 15% will be based on the following criteria with production company receiving the maximum 15% for meeting all criteria:

Wyoming Story Line (15% rebate) Wyoming Behind-the-Scenes Footage (up to 14% rebate)

Wyoming Props and/or Product Placement (up to 13% rebate) Filmed in Wyoming Credit (minimum 12% rebate)

Other Marketing and Promotional Opportunities that Provide Wyoming Tourism Value (negotiable % rebate) Please attach explanation.

PRODUCTION CREW

Line Producer: Unit Production Manager

Production Accountant: Phone Number:

PRODUCTION DATES

Start Date of Pre-Production: Completion Date of Principal Photography:

SCRIPT/SYNOPSIS

Copy of Script Attached. Copy of Synopsis Attached

DISTRIBUTION

Copy of Distribution Plan Attached

BANKRUPTCY CERTIFICATION

- This is to certify that this production company does not include any company owned, affiliated, or controlled, in whole or in part, by any company or person which is in default on a loan made by the State of Wyoming or a loan guaranteed by the State, or any company or person who has ever declared bankruptcy under which an obligation of the company or person to pay or repay public funds or monies was discharged as a part of such bankruptcy.

Officer of Production Company Signature:

Printed Name: Date Signed:

Title:

RETURN FORM TO

Wyoming Film Office • Phone: 307-777-3400 • 5611 High Plains Road • Cheyenne, WY 82007

PRINT FORM

EMAIL FORM