



**Jacksonville Film & Television Job & Business Creation Incentive Program**

**Application**

**PLEASE NOTE:** Applicant shall electronically submit an application at least 30 business days before the first day of principal photography or project start date. Applicant may start principal photography no more than 45 days prior or after the start date that is written on application. The Film & Television Office has 20 business days to process and respond to application.

Project Title: \_\_\_\_\_  
 App. Date: \_\_\_\_\_  
 Company: \_\_\_\_\_

FOR JACKSONVILLE FILM & TELEVISION OFFICE USE ONLY		
TIME/DATE RECEIVED: _____	COMPLETION DATE: _____	DATE CERTIFIED BY DSBD: _____
AMOUNT OF CERTIFICATION: _____	DATE QUALIFIED BY JFTO: _____	PROJECT NUMBER: _____

**Payment.** The incentive would be paid to the applicant no sooner than 45 days after completion of principal photography. Pre-certified applicants who wish to receive their incentive payment must complete such payment request forms as may be required by the Film & Television Office and must be accompanied by the following support documents:

- Production cost report or general ledger demonstrating expenses paid
- Call sheets establishing the percentage of days filming occurred in the county,
- Hotel room pick up sheets establishing the percentage of hotel days filming occurred in the county,
- Upon completion, a copy of the film or television project submitted on an external drive or digital download.

**Incentive.**

(A) The incentive will be limited to no more than one producer or production company per fiscal year.

(B) *Eligibility.* To be eligible for the award of an incentive, a project must, as demonstrated in the prequalification application, meet the following criteria:

- Project must be a feature film intended for theatrical release or television pilot or series.
- Project must spend a minimum of \$50,000 on qualified expenditures in Duval County.
- Include # of preparation, production and wrap days and approximate % of entire production being filmed in Duval County. This will be weighed in scoring application.
- Applicant will be scored on and include but not limited to the following: Provide copy of distribution contract for submitted feature film or television project; a complete Duval County budget of the proposed film or television production; include number of preparation, production and wrap days; approximate percentage of the entire production being filmed in Duval County and if available, include a letter stating the Duval County companies and crew members planned for use in the Jacksonville area; copy of distribution contract for the submitted scripted feature film or scripted television project, provide meaningful promotion of Jacksonville such as but not limited to: Credit listing 'Filmed in Jacksonville, FL' & 'Special Thanks to the City of Jacksonville'; provide promotional production photos and or video positive quotes from Producer and or Director, clips and use of clips from the finished production that the COJ Film & Television Office may use in promotion purposes with approval of the production company.
- Applicant will apply within the fiscal year, prior to a production.
- Project must have an MPAA rating of G, PG, PG-13 or R.
- Project must have at least one Qualified Producer.

(C) *Special payment and payback conditions.* Incentive award projects shall be subject to the following minimum conditions:

- Project must provide proof of funding (in escrow, not a letter of intent) prior to
- payment of incentive.

## **SECTION ONE: APPLICANT/COMPANY INFORMATION**

---

The applicant is any corporation, partnership, limited liability corporation (LLC), or other legal entity or individual that is principally engaged in the production of the "qualified project" in this state.

Applicant/Company Name: \_\_\_\_\_ Applicant Title: \_\_\_\_\_

Company Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parent Company  
(If applicable): \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ Unemployment Compensation ID #: \_\_\_\_\_

Florida Sales Tax  
Registration #: \_\_\_\_\_

Florida Sales Tax  
Exemption #: \_\_\_\_\_

Is the business unit minority owned? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If the applicant is an LLC, a partnership, or an S Corporation, list the names, addresses, and FEINs or SSNs for all members, partners, or shareholders and their respective percentages.

Name	Address	FEIN or SSN	Percentage of Ownership

**REQUIRED**

Reminder: Applicants must provide proof of financing to the Jacksonville Film & Television Office (JFTO) within 90 days of the application date or prior to the start-date of the project, whichever occurs first.

**Financial Information**

Method of Financing: \_\_\_\_\_

**Financing Entry**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**SECTION TWO: PRODUCTION INFORMATION AND DETAIL**

**Type of Production**

Theatrical Motion Picture

Direct-to-Video Motion Picture

Television Production

Television Series Pilot of Presentation

Television Series

# of episodes \_\_\_\_\_

Drama

Reality

Made for Television Movie

Documentary Film

**Production Contact (for incentive inquiries)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Marketing Requirement Deliverable Contact**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Executive Producer**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Director (Project Leader)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Producer (Program Manager)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Writer (Creative Director/Lead Designer)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Production Manager (Art Director)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Line Producer (Technical Director)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Production Accountant (Sr. Financial Analyst)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Distributor Information (if known)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Completion Bond Company (if utilized)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Production Insurance Company (if known)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Production Payroll Service (if known)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Publicist**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION THREE: DUVAL COUNTY PROJECT SCHEDULE**

Duval County Project Schedule	Start Date	End Date	Total Days
Prep			
Principal Photography/Production			
Additional Photography & Reshoots (If applicable )			
Post Production (If in Duval County)			
Principal Photography /Production at Qualified Facility			
Projected % of principle photography/project production at qualified production facility:			

**Projected Release/Premiere Date:** \_\_\_\_\_

**Project/Filming will occur in:**

(Total number of days must match total in Section 3.)

County	City	# of Days

**SECTION FOUR: ESTIMATED DUVAL COUNTY EMPLOYMENT INFORMATION**

Provide the Duval County resident employment for all production types. This will be weighted in scoring application.

Above The Line	Duval County Residents		Non-Duval County Residents	
Principal Players	#	\$	#	\$
Supporting Cast	#	\$	#	\$
Day Players	#	\$	#	\$
Extras	#	\$	#	\$
Stand-Ins	#	\$	#	\$
Production Crew	#	\$	#	\$
Total Above The Line	#	\$	#	\$
Below The Line	Duval County Residents		Non-Duval County Residents	
Production Crew	#	\$	#	\$
Student/Recent Grad Crew	#	\$	#	\$

Post Production	#	\$	#	\$
Total Below The Line	#	\$	#	\$
Total Qualified Florida Expenditures (Including Total Duval County Wages)*:				\$
Total Qualified Duval County Wages				\$
Total Number of Principle Photography Days in Duval County:				#
Estimated number of Duval County Hotel/Lodging Rooms Nights:				#
Estimated Duval County Lodging Expenditures:				\$
Estimated Duval County Post Production Expenditures:				\$

**SECTION FIVE: ESTIMATED DUVAL COUNTY QUALIFIED EXPENDITURES**

\*The value will equal submitted Duval County Qualified Expenditures Budget.

**SECTION SIX: PRODUCTION IMPACT INFORMATION**

1. What role has Jacksonville incentive played in your production's decision to produce this project in Duval County? If there are other cities or counties that competed for (or are competing) for this project, please list them and why you considered or are considering them.

2. Please list any criminal or civil fines or penalties and/or any awards that the parent company, or business unit (if applicable) has received.

Hard and electronic copies (DVD/CD, external drive or digital download) of all documentation must be provided, and must be received by 5pm EST the following business day in order for your application to be considered complete.

**Proof of Financing is required for all projects within 90 days or before start date.**

**Films**

- Articles of Incorporation
- Hard and electronic copies (CD or external drive or digital download) of application and supporting documents
- Duval County Qualified Expenditures Budget (Industry Standard Budgeting Program)
- Script or Screen Play or Story Boards
- Synopsis (if no script, detailed Synopsis)
- Shooting Schedule (w/production dates) or Production Calendar
- Day Out of Days (Actor Work Detail) if applicable
- Request for Confidentiality– OPTIONAL

**Television Projects**

- Articles of Incorporation
- Hard and electronic copies (DVD/CD/thumb drive) of application and supporting documents
- Duval County Qualified Expenditures Budget (Industry Standard Budgeting Program)
- Script or Screen Play or Story Boards
- Synopsis (if no script, detailed Synopsis)
- Shooting Schedule (w/production dates) or Production Calendar
- Request for Confidentiality– OPTIONAL

**SECTION EIGHT: FRAUDULENT CLAIMS**

---

Per Florida Statue 288.1254 "Any applicant that submits fraudulent information under this section is liable for reimbursement of the reasonable costs and fees associated with the review, processing, investigation, and prosecution of the fraudulent claim. An applicant that obtains a credit payment under this section through a claim that is fraudulent is liable for reimbursement of the credit amount plus a penalty in an amount double the credit amount. The penalty is in addition to any criminal penalty to which the applicant is liable for the same acts. The applicant is also liable for costs and fees incurred by the state in investigating and prosecuting the fraudulent claim.

**SECTION NINE: SIGNATURE**

---

(Signature of Authorized Officer) \_\_\_\_\_  
(Print Name of Authorized Officer) \_\_\_\_\_  
(Title of Authorized Officer) \_\_\_\_\_  
(Company Address) \_\_\_\_\_  
(Phone Number) \_\_\_\_\_  
(Email Address) \_\_\_\_\_ / (Fax #) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Date) \_\_\_\_\_

Questions re. application, please contact Todd Roobin at [troobin@coj.net](mailto:troobin@coj.net) or (904) 255-5434