



ACTRA Alberta MIP GRANT Application Form

General Information

Name		ACTRA ID	
Address	City	Prov.	Postal Code
Phone number	Email Address		

Production Information

Production Name	Producer Name
Director Name	Production Budget
Shoot Dates	Shoot Location(s)

The following must be included with the Grant Application:

- | | | |
|--|---|---|
| <input type="checkbox"/> Copy of the script | <input type="checkbox"/> Chain of Title | <input type="checkbox"/> MIP Production Agreement |
| <input type="checkbox"/> Confirmation of financing | <input type="checkbox"/> Register copyright | <input type="checkbox"/> MIP Schedule A |
| <input type="checkbox"/> ACTRA Security Agreement | <input type="checkbox"/> WCB or AOS | <input type="checkbox"/> MIP Ownership Agreement |

I _____ confirm that, to the best of our knowledge I have provided you with correct information and therefore I am not aware of any circumstances which I have not disclosed which might influence your decision.

Signature _____

Date _____