



## *Film Incentive Rebate Statement of Intent to Film in Colorado*

**This application shall serve as our Intent to Film in the State of Colorado and to seek a Colorado performance based incentive rebate for our production for monies spent within the State of Colorado.**

*Please label clearly any attachments that contain “proprietary commercial or financial information” that you do not wish to be subject to Colorado Public Records law.*

### **Applicant Information** Permanent Business Contact Information (No P.O. Boxes Accepted)

Project Name: _____	
Company Name: _____	
Principal Contact: _____	
Title: _____	
Street Address: _____	
State/Country: _____	Zip/Postal Code: _____
Telephone: _____	Fax: _____
E-mail: _____	
State in which business is based: _____	
Legal/Registered name of company: _____	

<b>Type of project</b>	
<input type="checkbox"/> <b>Feature Film</b>	<input type="checkbox"/> <b>Other</b> _____
<input type="checkbox"/> <b>TV / Cable Film</b>	_____
<input type="checkbox"/> <b>TV Pilot</b>	_____
<input type="checkbox"/> <b>TV Series</b>	_____
<input type="checkbox"/> <b>Music Video</b>	_____

<b>Status of Project</b>		
<input type="checkbox"/> <b>In Development</b>	<input type="checkbox"/> <b>Seeking Funding</b>	<input type="checkbox"/> <b>Fully Financed</b>

**Script Included:**  
 **Yes**    **No**   **If no, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Film Incentive Rebate Statement of Intent to Film**

**Colorado Production Office**

Principal Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Anticipated Colorado Production Information**

Total project budget: \$ \_\_\_\_\_  
Total "below the line" budget: \$ \_\_\_\_\_  
  
Estimated total below-the line expenditures (excluding payroll): \$ \_\_\_\_\_  
Estimated Colorado expenditures (excluding payroll): \$ \_\_\_\_\_  
Colorado percentage of total below-line non-payroll expenditures: \_\_\_\_\_ %  
  
Estimated total payroll expenditures: \$ \_\_\_\_\_  
Estimated Colorado payroll expenditures: \$ \_\_\_\_\_  
Colorado percentage of total payroll: \_\_\_\_\_ %  
  
Total Colorado expenditures (including payroll + other expenses): \$ \_\_\_\_\_  
  
Estimated total employees (cast & crew): \_\_\_\_\_  
Estimated Colorado employees (cast & crew): \_\_\_\_\_  
Colorado percentage of total hires: \_\_\_\_\_ %  
  
Projected percentage of project to be filmed in Colorado: \_\_\_\_\_ %  
  
Projected first day of Colorado expenses: \_\_\_\_\_  
Projected last day of Colorado expenses: \_\_\_\_\_  
Projected completion date of project: \_\_\_\_\_  
  
Number of in-Colorado pre-production days: \_\_\_\_\_  
Number of in-state production days: \_\_\_\_\_  
Number of in-state post-production days: \_\_\_\_\_  
  
 **Projected budget showing departmental breakdowns must be included with application.**

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**Certification**

I hereby affirm that I am authorized to sign on behalf of the applicant film production company described above. I further affirm that any items for which the applicant is seeking a rebate for were use exclusively as an integral part of the pre-production, production or post-production activities in the State of Colorado and are directly involved in the specific project described above. I further certify that the production will be exhibited in theaters and/or broadcast on national or international television and will include an on screen credit for the State of Colorado.

Authorized Representative's Name: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Completed applications may be submitted via mail, e-mail or fax to:**

**Colorado Film Commission  
Incentive Rebate Application**  
1625 Broadway, Suite 950  
Denver, CO 80202

**Fax: 303.592.4061**  
**Or**  
**E-mail: [info@coloradofilm.org](mailto:info@coloradofilm.org)**

**FOR ADMINISTRATIVE USE ONLY**

Date application received by Colorado Film Commission: \_\_\_\_\_

Recommended action: Approve \_\_\_\_\_ Deny: \_\_\_\_\_

Date of recommendation: \_\_\_\_\_

Date application forwarded to Colorado EDC: \_\_\_\_\_

Recommended action: Approve \_\_\_\_\_ Deny: \_\_\_\_\_

Date of recommendation: \_\_\_\_\_