



## MADE FOR INTERNET/MOBILE PROJECT INFORMATION FORM

7920 Sunset Blvd., Los Angeles, CA 90046, c/o Signatories/Reports Compliance P: 310-289-5362; F: 310-289-5393

Please complete the following information and submit to the DGA along with required documents no later than ten (10) days prior to start of principal photography. Please print clearly:

### PROJECT INFORMATION:

Choose one:

☐ Derivative, based on \_\_\_\_\_ ☐ Original / Made for Internet/Mobile

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

Total Project Budget (U.S.): \$ \_\_\_\_\_ Produced on: ☐ Film ☐ Digital ☐ Other: \_\_\_\_\_

Principal Photography Start Date: \_\_\_\_\_ Total Number of Shoot Days: \_\_\_\_\_

☐ Episodic Series: Number of Episodes \_\_\_\_\_ Run Time per Episode: \_\_\_\_\_

☐ Single Project: Total Run Time (in minutes) \_\_\_\_\_

Briefly describe program: \_\_\_\_\_

Shooting Location: \_\_\_\_\_

### CREW INFORMATION (please list all):

<u>Position</u>	<u>Print Full Name(s):</u>
Director	
UPM	
1 <sup>st</sup> Assistant Director(s)	
2 <sup>nd</sup> Assistant Director(s)	
Associate Director(s)	
Stage Manager(s)	
Other DGA-covered Employees:	

### PRODUCTION COMPANY INFORMATION:

Signatory Company: \_\_\_\_\_ Fed ID# \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name Owner(s) of Completed Screenplay(s): \_\_\_\_\_

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

Name Owner(s) of Completed Project(s): \_\_\_\_\_

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

### DISTRIBUTION INFORMATION:

#### Initial Distribution Platforms: Please check all that apply:

☐ Website: Please indicate Web address: \_\_\_\_\_

☐ Mobile Phone: Please list Carrier or Service: \_\_\_\_\_

☐ Other: Please describe: \_\_\_\_\_

#### Ancillary Use:

Has the project been licensed or sold for distribution in any other platforms (i.e. Broadcast, Basic Cable, Pay Cable, Theatrical)?

If yes, list all current licenses and sales: \_\_\_\_\_

**DIRECTORS GUILD OF AMERICA, INC.**

7920 Sunset Blvd.

Los Angeles, CA 90046

PHONE: 310-289-2000 FAX: 310-289-5393

**CORPORATE INFORMATION FORM**

Signatory Company Name: \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_

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

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

Principal place of business in the State of: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

**STOCKHOLDERS, MEMBERS OR OTHER EQUITY OWNERS      PERCENTAGE OF OWNERSHIP**

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**For each company listed above, submit an additional corporate information form.****OFFICERS, MANAGERS OR OTHER PRINCIPALS      TITLE/POSITION**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**For each company listed above, submit an additional corporate information form.**

Contact(s) for members inquiring about employment:

Member Category: \_\_\_\_\_ Name: \_\_\_\_\_

Member Category: \_\_\_\_\_ Name: \_\_\_\_\_

Member Category: \_\_\_\_\_ Name: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE SIGNATORY COMPANY.**

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



Directors Guild of America, Inc.  
7920 Sunset Boulevard  
Los Angeles, CA 90046  
(310) 289-2000  
(310) 289 5393 - Fax  
RCForms@DGA.org

**MADE FOR NEW MEDIA**  
**DIRECTOR DEAL MEMORANDUM**

**This will confirm our agreement to employ you to direct a covered made-for-New Media project described as follows  
(and as referenced in Sideletter No. 35 to the BA)**

NAME: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

LOAN-OUT: \_\_\_\_\_ FID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Your SALARY shall be \$ \_\_\_\_\_ ☐ per project ☐ per episode ☐ per week ☐ per day

GUARANTEED PERIOD OF EMPLOYMENT (if any): \_\_\_\_\_

START DATE ON OR ABOUT: \_\_\_\_\_

CURRENT TITLE OF PROJECT: \_\_\_\_\_

☐ EPISODIC SERIES – Title/ID of Episodes Directed: \_\_\_\_\_

☐ SINGLE PROJECT – Total run time (minutes) (approximately, if known): \_\_\_\_\_

PROJECT TYPE:

☐ Dramatic ☐ Variety ☐ Quiz/Game Show ☐ “All Other”

☐ Other (specify) \_\_\_\_\_

Other conditions (including credit above minimum):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You hereby authorize Employer to deduct from the salary payable to you the amount specified in the Directors Guild of America Basic Agreement and/or Freelance Live and Tape Television Agreement as the employee’s contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on your behalf.

Accepted and Agreed:

Employee: \_\_\_\_\_ Signatory Employer (print): \_\_\_\_\_

By: \_\_\_\_\_

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



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**MADE FOR NEW MEDIA**  
**UNIT PRODUCTION MANAGER, ASSISTANT DIRECTOR,**  
**ASSOCIATE DIRECTOR, STAGE MANAGER DEAL**  
**MEMORANDUM**

**This will confirm our agreement to employ you to direct a covered made-for-New Media project described as follows  
(and as referenced in Sideletter No. 35 to the BA)**

NAME: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

LOAN-OUT: \_\_\_\_\_ FID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**POSITION:**

- ☐ Unit Production Manager      ☐ First Assistant Director      ☐ Key Second Assistant Director  
☐ Second Second Assistant Director      ☐ Additional Second Assistant Director  
☐ Associate Director      ☐ Stage Manager      ☐ Other \_\_\_\_\_

Your STARTING DATE for such employment shall be \_\_\_\_\_

Your SALARY shall be \$ \_\_\_\_\_

☐ per project      ☐ per episode      ☐ per week      ☐ per day      ☐ per hour

CURRENT TITLE OF PROJECT: \_\_\_\_\_

☐ EPISODIC SERIES

Number of Episodes (if known): \_\_\_\_\_ Run Time per Episode (approximately, if known): \_\_\_\_\_

☐ SINGLE PROJECT — Total run time (minutes) (approximately, if known): \_\_\_\_\_

Other conditions:

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You hereby authorize Employer to deduct from the salary payable to you the amount specified in the Directors Guild of America Basic Agreement and/or Freelance Live and Tape Television Agreement as the employee's contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on your behalf.

Accepted and Agreed:

Employee: \_\_\_\_\_

Signatory Employer (print): \_\_\_\_\_

By: \_\_\_\_\_

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

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