

PROJECT INFORMATION FORM - TELEVISION

This Project Information Form (PIF) should be filled out by an existing Directors Guild of America signatory company for each new television project or by a company requesting DGA signatory status. Please note that more detailed information may be required pending review by the Guild. Submission of this form does not constitute signatory acceptance. Please print clearly:

Signatory Company: _____

Company Contact: _____ **Phone:** _____ **E-Mail:** _____

Project Title: _____

Copyright Holder: _____ **Contact:** _____ **Phone:** _____

Writer/s: _____

Budget: (U.S. dollars) \$ _____ **Location/s:** _____

Start Dates: Pre-Production: _____ Principal Photography: _____ Wrap: _____

Format: ☐ Multi-Camera ☐ Single Camera **Produced:** ☐ Digital ☐ Film ☐ Tape ☐ Live ☐ Other: _____

Program Type: ☐ Dramatic ☐ Sitcom ☐ Reality **Program Length** (minutes): ☐ 30 ☐ 60 ☐ 90 ☐ 120
☐ Variety ☐ Other (explain): _____ ☐ Other (specify): _____

INITIAL RELEASE (check one, indicate station or network not listed):

Is this a Pilot?: ☐ Yes ☐ No

☐ **Network:** ☐ ABC ☐ CBS ☐ FOX ☐ NBC ☐ PBS ☐ UPN ☐ WB ☐ **Syndication** (company name): _____

☐ **Basic Cable:** ☐ A&E ☐ Disney Channel ☐ Lifetime ☐ MTV ☐ Nickelodeon ☐ TNT ☐ USA ☐ Other: _____

☐ **Pay TV:** ☐ HBO ☐ Showtime ☐ TMC ☐ Starz! ☐ Cinemax ☐ Other: _____

☐ **Direct-to-Video** ☐ **Other** (please explain): _____

EMPLOYEE INFORMATION (Please print clearly):

Print Full Name:	Dramatic	Live & Tape
	Director	Director
	<input type="checkbox"/> UPM	<input type="checkbox"/> Associate Director
	<input type="checkbox"/> 1 st Assistant Director	<input type="checkbox"/> Stage Manager
	<input type="checkbox"/> Key 2 nd Asst. Dir.	<input type="checkbox"/> 2 nd Stage Mgr.
	<input type="checkbox"/> 2 nd Second Asst. Dir.	<input type="checkbox"/> 3 rd Stage Mgr.
	<input type="checkbox"/> Add'l Second Asst. Dir.	<input type="checkbox"/> Production Assoc.
	<input type="checkbox"/> Assoc. Dir./Tech. Coord.	Other:
	<input type="checkbox"/> Assoc. Dir. (line cut)	

CONTACTS:

Employment Contact (name): _____ Phone: _____

Residuals Contact (name): _____ Phone: _____

SECURITIES INFORMATION:

Source of Primary Financing (required): _____

Contact: _____ Phone: _____

Completion Bond Company: _____

Contact: _____ Phone: _____

Payroll Company: _____

Contact: _____ Phone: _____

Revolving Line of Credit?: ☐ Yes ☐ No **Bank:** _____

Contact: _____ Phone: _____

List all companies holding a security interest (attach a separate sheet if necessary):

Company: _____ Contact: _____

Company: _____ Contact: _____

DISTRIBUTION INFORMATION:

Foreign Distributor/s: _____ Domestic Distributor/s: _____

Other Affiliations
(check all that apply):

- ☐ SAG
- ☐ WGA
- ☐ DGC
- ☐ AFTRA
- ☐ IATSE
- ☐ NABET
- ☐ AFM
- ☐ ACTRA
- ☐ Other: _____

This PIF must be signed by an authorized OFFICER, OWNER, or PARTNER of the Company:

Signature: _____ Title (print): _____

Print Name: _____ Phone: _____ Date: _____



Directors Guild of America
7920 Sunset Blvd.
Los Angeles CA 90046
(310) 289-2000 (310)289-5393-FAX

DIRECTOR DEAL MEMORANDUM - LIVE & TAPE

Deal Memos must be submitted no later than commencement of services, pursuant to FLTTA Article 14, Section A.1. and 2.

This confirms our agreement to employ you to direct the project described as follows:

DIRECTOR INFORMATION

Name: _____ SSN#: _____

Loanout: _____ FID.#: _____

Address: _____ Tel.#: _____

Salary (U.S.): \$ _____ ☐ per Show ☐ per Week ☐ per Day Additional Time: \$ _____ ☐ per Week ☐ per Day

Start Date (on or about): _____ Guaranteed Period: _____ ☐ Days ☐ Weeks

If this is the employee's first DGA-covered employment, check here (optional): ☐ Yes

Additional Terms: _____

PROJECT INFORMATION

Picture or Series Title: _____

Episode/Segment Title: _____ Episode #: _____

Length of Program: ☐ 30 min. ☐ 60 min. ☐ 90 min. ☐ 120 min: ☐ Other (specify length): _____

If this is for Segment work, check here: ☐ Segment (specify length): _____ Is this a Pilot?: ☐ Yes ☐ No

If this is dramatic program made primarily for basic cable, what is the budget? \$ _____ (U.S. dollars)

If this is a project produced mainly for pay television, is the number of subscribers to the pay television service(s) to which the program is licensed at the time of the Director's employment 6,000,000 or less? ☐ Yes ☐ No

If this is a project produced mainly for pay television, is the budget \$5,000,000 or more? ☐ Yes ☐ No

Produced Primarily for: ☐ Network or FBC ☐ Non-Network ☐ Basic Cable ☐ Pay TV ☐ Videodisc/Videocassette

Type Of Show (check one from each box, as applicable): _____

<input type="checkbox"/> Dramatic (includes sitcoms, pilots & presentations)	<input type="checkbox"/> Series - produced after February 10, 2002	<input type="checkbox"/> High	<input type="checkbox"/> Prime-time
<input type="checkbox"/> Quiz & Game	<input type="checkbox"/> Series - produced prior to February 10, 2002	<input type="checkbox"/> Low Budget	<input type="checkbox"/> Non-Prime-time
<input type="checkbox"/> Variety	<input type="checkbox"/> Special		<input type="checkbox"/> Live Broadcast
<input type="checkbox"/> Sports (specify event):	<input type="checkbox"/> Movie or Mini-Series		
<input type="checkbox"/> News & Commentary	<input type="checkbox"/> Strip - 5 per week		
<input type="checkbox"/> Local Freelance	<input type="checkbox"/> Other:		
<input type="checkbox"/> All Other			

You hereby authorize your Employer, _____, to deduct from the salary payable to you the amount specified in the Directors Guild of America Freelance Live & Tape 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.

This employment is subject to the provisions of the Directors Guild of America, Inc., Freelance Live & Tape Television Agreement.

Accepted and Agreed: _____ Signatory Co. (print): _____

Employee: _____ By: _____

Date: _____ Date: _____



Directors Guild of America
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ASSOCIATE DIRECTOR AND STAGE MANAGER

DEAL MEMORANDUM - LIVE & TAPE

Deal Memos must be submitted no later than commencement of services, pursuant to FLTTA Article 10, Part 3, Section F

This confirms our agreement to employ you on the project described as follows:

AD/SM INFORMATION

Name: _____ SSN#: _____

Loanout: _____ FID#: _____

Address: _____ Tel.#: _____

Category: ☐ Associate Director ☐ Stage Manager

	(Prime Time Dramatic)	(Other than Prime-Time Dramatic)
Salary (U.S.): \$ _____	<input type="checkbox"/> per Week (Studio)	<input type="checkbox"/> per Week (40 hours)
	<input type="checkbox"/> per Week (Distant Location)	<input type="checkbox"/> per Week (Flat 60 hours)
	<input type="checkbox"/> per Day (Studio)	<input type="checkbox"/> per Day (8 hours)
	<input type="checkbox"/> per Day (Distant Location)	<input type="checkbox"/> per Day (Flat 12 hours)

Additional Time (U.S.): \$ _____ ☐ Day ☐ Week

Start Date (on or about): _____ Guaranteed Period: _____ ☐ Days ☐ Weeks

PROJECT INFORMATION

Picture or Series Title: _____

Episode/Segment Title: _____ Episode #: _____

Budget for Basic Cable Dramatic Programming (check one):

30 minutes:	<input type="checkbox"/> < \$476,749	<input type="checkbox"/> ≥ \$476,849 and ≤ \$665,231	<input type="checkbox"/> > \$665,231
31-60 minutes:	<input type="checkbox"/> < \$893,904	<input type="checkbox"/> ≥ \$893,104 and ≤ \$1,219,590	<input type="checkbox"/> > \$1,219,590
61-120 minutes:	<input type="checkbox"/> < \$2,383,744	<input type="checkbox"/> ≥ \$2,383,744 and ≤ \$3,880,513	<input type="checkbox"/> > \$3,880,513

Other Conditions : _____

This employment shall be subject to termination in the event of any incapacity or default of the Employee or in the case of any suspension or postponement of production by reason of strikes, acts of God, governmental action, regulations, or decrees, or for any other customary "force majeure" reason.

This employment is subject to the provisions of the Directors Guild of America, Inc., Freelance Live & Tape Television Agreement.

Accepted and Agreed: _____ Signatory Co. (print): _____

Employee: _____ By: _____

Date: _____ Date: _____

DIRECTORS GUILD OF AMERICA, INC.
REPORTS COMPLIANCE

The following reports must be submitted to Directors Guild of America as indicated. Please send all deal memos and reports to:

Directors Guild of America
Attn: Reports Compliance Dept.
7920 Sunset Blvd.
Los Angeles CA 90046
Phone: 310-289-2000 / Fax: 310-289-5393

1. **DEAL MEMORANDA**, pursuant to Paragraphs 4-108 and 13-107 of the DGA Basic Agreement (“BA”) and Article 14 of the Freelance Live & Tape Agreement (“FLTТА”), must be provided to the Guild for all individuals employed in DGA-covered categories and are due prior to the commencement of employment. Deal memos must be signed by an authorized representative of the signatory company.
2. **EMPLOYER QUARTERLY GROSS EARNINGS REPORT**, pursuant to BA 1-501 and FLTТА Article 5, is due within 15 days after the close of each calendar quarter. The Employer Quarterly Gross Earnings Report must list all individuals employed in DGA-covered categories, along with their Social Security numbers, projects and total gross earnings for the quarter. Only one signatory company may be covered on each report, however, more than one project by that single signatory company may be included.

Gross earnings include, but are not limited to:

- | | | |
|--|---|--|
| <input type="checkbox"/> salary (prep, shoot & post) | <input type="checkbox"/> production fee | <input type="checkbox"/> completion of assignment |
| <input type="checkbox"/> extended workday/overtime | <input type="checkbox"/> turnaround pay | <input type="checkbox"/> holiday pay (worked & unworked) |
| <input type="checkbox"/> vacation pay | <input type="checkbox"/> series sales bonus | <input type="checkbox"/> capricious discharge pay |

Gross earnings shall not include residuals payments of any kind, per diem (including incidentals), travel allowance, profit participation, gross participation and reimbursements which are not compensation for services rendered under the BA or FLTТА.

3. **EMPLOYMENT DATA REPORT** (“EDR”) is due within 30 days after the close of each calendar quarter. Pursuant to Article 15 of the BA and Article 19 of the FLTТА, employers are required to submit a report of the sex and ethnicity of persons they employ. DGA Trainees should not be included on the EDR. Only one signatory company and one project may be listed on each EDR. (See accompanying form and instruction sheet for detailed requirements.)
4. **WEEKLY WORK LIST** must be submitted showing all persons employed in DGA-covered categories during the prior week, including their job categories, names of the projects on which they were employed, and dates of employment. DGA Trainees should not be included on the Weekly Work List. Only one signatory company and one project may be listed on each Weekly Work List.

Deal memos and other Reports Compliance forms can be found on the DGA website at www.dga.org (at the bottom of the homepage click "Contracts," and then select "DGA Forms") or by calling the DGA Signatories/Reports Compliance Dept. at 310.289.5362.

Instructions for DGA Employment Data Report

Pursuant to Article 15 of the DGA Basic Agreement and Article 19 of the DGA Freelance Live & Tape Television Agreement, Employers are required to submit a report of the sex and ethnicity of persons they employ.

This report should be submitted quarterly on a per-production basis, not on a per-episode basis. When completing the Employment Data Report, statistics should be provided in the manner and form outlined as follows:

1. Indicate the number of people employed in the appropriate box for groups as listed below:

Caucasian	Asian
African American	American Indian
Latino	Unknown

2. Indicate the total number of days worked or guaranteed in that quarter. Total days should include travel days, prep days, production days and post-production days. When the same member is employed on multiple episodes in a series, the employee should only be counted once in the "number of employees," but all the employee's cumulative days worked should be included in the total number of days worked or guaranteed. For example:

DIRECTOR:				Number of first time directors: 1		
	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE	1/56					
FEMALE		2/25				

The above example shows that one male Caucasian director was employed during the quarter for a total of 56 days worked or guaranteed. The example also reports that there were two female African American directors employed for a cumulative total of 25 days worked or guaranteed. It also indicates that one of these three directors is a first time director.



Directors Guild of America
7920 Sunset Blvd
Los Angeles CA 90046
310-289-2000 / Fax: 310-289-5393

DGA Employment Data Report

PRINT OR TYPE:

Date:	Prepared By:
Quarter/Year Covered:	Phone #:
Signatory Company:	
Project Title:	

DIRECTOR:

Number of first time directors: _____

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

UNIT PRODUCTION MANAGER:

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

1st ASSISTANT DIRECTOR:

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

2nd ASSISTANT DIRECTOR (include all 2nd ADs):

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

ASSOCIATE DIRECTOR/TECHNICAL COORDINATOR:

Primetime Multi-Camera Dramatic Programs

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

ASSOCIATE DIRECTOR:

Live & Tape Television

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

STAGE MANAGER:

Live & Tape Television

	Caucasian	African-Amer.	Latino	Asian	Amer. Indian	Unknown
MALE						
FEMALE						

**Directors Guild of America
Employer Quarterly Gross Earnings Report**

FROM: _____ **QUARTER/YEAR COVERED:** _____

Signatory Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Name	SS#	Category	Project	Earnings
Prepared By: _____				
Phone #: _____				

RETURN TO:	Directors Guild of America Attn: Signatories/Reports Compliance 7920 Sunset Blvd. Los Angeles CA 900446	Phone: 310-289-2000 Fax: 310-289-5393
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**Directors Guild of America
WEEKLY WORK LIST**

FROM:

Signatory Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Week Start Date: _____ **Week End Date:** _____

Name	SS#	Category	Project
	Prepared By: _____		
	Phone #: _____		

RETURN TO:

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Los Angeles CA 90046**

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