

*To nurture, support and promote  
Singapore talent in film-making, the  
production of Singapore films, and  
a film industry in Singapore.*



**SFC SHORT FILM GRANT  
APPLICATION FORM (AS OF FEBRUARY 2010)**

Please ensure that all relevant categories of information have been filled in. If inapplicable, please insert 'NA'

<b>Status of Applicant</b>	
<input type="checkbox"/> Individual <input type="checkbox"/> Organisation / Company	
<b>Particulars of Applicant</b>	
Name of Applicant	
Identification Card (NRIC) No.	
Name of Company / Organisation / Institution (if applicable)	
Mailing Address	
Contact Telephone No	(O)                      (HP)
Email Address	
<b>Particulars of Film</b>	
Title of Film (indicate if working title)	
Genre of Film	
Name of Director	
Name of Producer	
Duration of Film	
Start date of production	
Shooting Format	
Budget of Film	
<b>Particulars of Application</b>	
Amount Applied For	
Date Submitted	
Films Previously Supported under SFG	

## Declaration

I certify that the information given above and in the attached Annexes are to the best of my knowledge, true, complete, and updated. I agree to abide by the rules and conditions governing the application for the Grant.

Please tick if the following documents are enclosed in the application:  
(Items marked \* must be provided)

- A. Story Outline/ Synopsis/ Logline of film \* - 3 sets
- B. Complete and latest script \* (optional for Documentary applications) – 3 sets with simple binding and should not bear any indication of applicant/writer's identity
- C. Proposed production budget \* (i.e. breakdown of estimated expenditure)
- D. Production Schedule \* ( indicating pre-production, production, post production dates)
- E. List of key production personnel and short biographies \*
- F. Letters of recommendation
- G. Other sources of funding (including amount of committed sponsorship)
- H. Other relevant supporting documents

Additional items for Documentary applications – 3 sets with simple binding and should not bear any indication of applicant/writer's identity:

- A. Statement of objective \*
- B. Detailed treatment \*
- C. List of research references \*

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

NRIC No: \_\_\_\_\_

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

Company's stamp (if applicable): \_\_\_\_\_

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## RECEIPT OF APPLICATION FORM (To be completed by SFC)

Name of Applicant: \_\_\_\_\_

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

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please note that the standard processing time for the application is at least 8 weeks.