

FILMMAKING GREENLIGHT FORM

| PROGRAM: | | | SECTION: |
|--|--|---|--|
| Choose One:] MFA/AFA/BFA Intermediate Film | □ MA/1yr Final Filn | n 🛛 Advanced Music Vio | deo 🛛 MFA/AFA/BFA Thesis Film |
| Schedule Slot Dates for the Project: | | | |
| Logline: | | | Genre: |
| | | | |
| Greenlight Prep Notes: 2 I | Ionths Prior to a | the Shoot | |
| <i>shoot slot.</i> They will let you know the dates insure the camera. The filmmaker must also | mera. <i>If Yes, please get E</i> when the camera is availab provide for his/her own film Date: | ole. You will have to move the sh stock, processing and developi | Yes No rifying request at least 2 months before the oot dates according to the availability. You must ng costs. |
| 1. Deadline for last Signature Write down the last day for the greenlight. Thi | s will be 2 business days b | Date: | Time: by 4pm the latest M-F |
| Make sure to check the public holidays and | weekend dates. If you a | re checking out on a weekend | , you must get your signature on a weekday. |
| | Student Signature: | | |
| WO WEEKS PRIOR TO S | вноот | Deadline Date: | |
| CREENWRITING | i | | |
| creenwriting Instructor's Signature | | | |
| hooting Script is locked and numbered. | | | |
| tudents can get this signature as soon as they ha | ave locked their script. | | |
| ame: | Date: | - Signature: | |

COVID Plan

Producing Instructor's Signature

| Name: | Date: | Signature | 2: | | |
|---|-------------|--|---|--|---|
| WO WEEKS PRIOR TO SHOO | T | Deadlin | e Date: | | |
| a. Shooting Script | - | Stunts: h. Are you doii i. Do you plan 1.Storyb 2. Detail On Camera In h. Are there sce 1.Storybo | Yes No ng stunts? Yes No to cheat stunts? Descriptions ntimacy: Yes enes with on camera intimacy? ards - Not Optional | No | |
| 2. Costume Look book | _ | 2. Detail I | Descriptions | | |
| Directing Instructor Signature: | | | | | |
| Name: | Date | : | Signature: | | |
| NE WEEK PRIOR TO SHOOT | | Deadlin | e Date: | | |
| PRODUCING: | | | | | |
| Breakdowns | | Cast | | _ | |
| Shooting Script Breakdown Sheets Day Out of Days Props & Wardrobe Breakdown Detailed Budget | | SAG | Cast list with Contacts Cast Deal Memos Actor Release Forms Nudity Release Forms (Email Confirmation) SAG Contract with Actors Workers Compensation Insurance | □ □ □ Yes □ No □ Yes □ No □ □ Yes □ No |) |
| Crew | | | Hired a covid officer? | |) |
| Crew list with Contacts Crew Deal Memos Outside NYFA Crew / NYFA Alumni Crew List with Contacts, Resumes & Reference Locations Do you have Prop Weapons in the shoot | | Minors | Minors' Actor Release Form Entertainment Work Permit Per Minor Studio Teacher ID Verified Workers Compensation Insurance | | |
| If yes, is it mentioned on your location | permit? | Yes | | | |
| Schedule a. Shooting Schedule (Strip Board) b. Shot List - per day and time duration fo c. Call Sheet for each day | r each shot | Animals | in the Film Email from Animal Humane Society Animal Wrangler | | |

ALTERNATIVE to PRODUCTION:

Are you foregoing production for the Alternative Pre-Visualization? Yes 🗌 No 🗌

If yes, skip to the end. Remember to include your pre-viz assignment when sending in your greenlight materials

List Locations Below:

| Dates | Location Address with Contact Number | Location Agreement Y/N | Location Permit Y/N | Location Insurance Y/N |
|-------|--------------------------------------|---------------------------|------------------------|---------------------------|
| | | | | |
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SPECIAL CIRCUMSTANCES: (Stunts, Intimacy, Etc.)

| ncludes | s open flame, bodies of water, sports, underwater a | activity, driv | ing, and <u>other s</u> | special circumstances) |
|---------|---|----------------|-------------------------|---|
| | a. Stunt Description | | | |
| | | | | |
| | b. Storyboard: Please present all script pages, story | yboards, shot | lists, and proof | of outside production insurance with worker's compen |
| | tion for the action sequence before submitting this f | form | | |
| | c. Name of Actors Performing Stunts | | | |
| | d. Number of Fight Scenes | | | |
| | e. Rehearsal Hours | | | |
| | f. Fight Choreography | Yes | □ No | |
| | g. Prop Weapons | Yes | No | |
| | h. Fall | Yes | □ No | How High: |
| | i. Jump | Yes | ∏ No | How High: |
| | j. Props and Stunts Mentioned on the Permit | Yes | □ No | |
| | k. Stunt Coordinator Name | | | |
| | Stunt Coordinator Deal Memo | | | |
| | Resume | | | te that the stunt coordinator cannot be |
| | I. Workers Compensation Insurance | | | tor of the New York Film Academy. Your juence will not be cleared without se- |
| | m. Outside Production Insurance (Liability & Third Party Property Damage Coverage) | | outside in | outside stunt coordinator and providing surance with worker's compensation over these shoot days. |
| | | | | |
| me: | Date | : | Signature: | |

Producing Instructor's Signature
*Instructor has verified all of the producing section
Name: _____ Date: _____ Signature:

| TWO BUSINESS DAYS BEFORE TO CHECKOUT | Deadline Date: | |
|--------------------------------------|----------------|--|
| | | |

| MERA (choose | one): *Only Available for N | IFA/BFA/AFA Thesis Checko | uts | | |
|------------------|--------------------------------------|---------------------------------------|-----------------------|-------------------------|------------------------------------|
| Sony F5 | RED Scarlet | 🗌 RED Epic I |)ragon* | 🗌 16mm | 🗌 35mm |
| Only for Epic Dr | agon / 16mm / 35mm | AND if you are sh | ooting outsid | le 30 miles radius | |
| Returning | g Camera Nightly | Yes (Plea | ase Fill out table or | n next page with times) | No |
| lf No, Ins | urance for Gear | | | | |
| | e Company Information hone Number | | | | |
| Policy # | | | | | |
| | | 5.4 | <u>.</u> | | |
| Name: | d by the CEO, Director, or D | Date: Director of Operations of th | _ 0 | | |
| | | | | e attach Insurance Ce | ertificate to your Greenlight Form |

EQUIPMENT GREENLIGHT: Time 5:00PM Monday - Friday

 Check OUT Date:
 Time:

 Check IN Date:
 Time:

| *Table for Pick-Up/Drop-Off | Times of Camera |
|-----------------------------|-----------------|
| | Pick-up Time: |
| Day 1 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 2 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 3 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 4 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 5 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 6 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 7 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 8 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 9 Date | Drop-off Time: |
| | Pick-up Time: |
| Day 10 Date | Drop-off Time: |

____ Date: _____ Signature:

| | SREENLIGHT ADDENDUM: 1 documents are required to receive your Greenlight: |
|------------------|---|
| | Completed Covid-19 Compliance Plan and Indication who is NYFA or NON NYFA and which crew will be checking out equipment |
| | Completed NYFA COVID Acknowledgement Agreement waiver for all NON NYFA Cast and Crew |
| | Verification of PPE/masks & cleaning supplies for set (Receipts) |
| | Crew list with contact information naming COVID-19 Safety Officer |
| | Proof of Workers Compensation and Liability Insurance Policy (* if using outside cast or crew who are not current NYFA students) |
| | □ Certificate Safe Sets International for Director and Covid Compliance Officer for all Cast and Crew |
| | enlight form, I agree to abide by all of the rules and guidance outlined in the NYFA COVID Safety Plan. Student Initials tions Workman's Compensation Verification: |
| Name: | Date: Signature: |
| Producing Instru | ctor's Signature |
| Name: | Date: Signature: |
| | DAYS BEFORE TO CHECKOUT Deadline Date: |

Film Department Coordinator

*Scan your entire producing and directing binder, including all permits, location agreements, all Covid materials and insurance certificates, into a single PDF file and email it as an attachment to nan.siribunlue@nyfa.edu from your NYFA email address 2 business days before checkout. Greenlight signatures are by email appointment only after all matierials are sent in and approved.

<u>*Scan the completed Greenlight Form and email it to nan.siribunlue@nyfa.edu & laequipment@nyfa.edu from your NYFA</u> email address

| II documents have b | Date: Signature: Signature: |
|---------------------|---|
| | FOR FILM OFFICE ONLY: |
| | Registrar Verification: Coordinator Initial |
| | Bursar Verification: Coordinator Initial |

Proof of a negative result on PCR COVID-19: Test taken 2 – 6 days prior to the first day on set **Coordinator Initial**