

PETP CONTRACTOR APPLICATION

Application Date: _____

Date Received: _____ (Internal Use)

SECTION 1. Contractor Information

1. Your full name: _____ Last 4 numbers of SSN: _____
2. Film industry profession: _____
3. Please indicate your role(s) in the proposed workshop: Contractor Head Instructor Facilitator Other
4. Number of feature film/TV credits OR number of workshops previously taught in this craft: _____
5. Company name: _____ Specialty/type of business: _____
6. Address: _____
7. Phone: _____ Email: _____
8. Your title in relation to company: _____
9. If your company is not a sole proprietorship, please indicate the number of current employees: _____
10. NM CRS Number (NM state tax identification number): _____ (not FEIN)
11. Are you a NM resident? _____ Film union or guild affiliation (if applicable): _____
12. Are you paid by another entity for film training, instruction or coordinating? Circle: Yes or No
13. If you answered yes to number 12, list the entity name, contact person, and contact person's phone:

If YES, provide documentation that you will not be paid by any other entity for work related to this workshop OR verify that no fees will be requested for your services if this application is approved.

SECTION 2. Training Workshop/Lecture Information

1. Title of workshop or lecture: _____
2. Which film craft department(s) relate to this workshop? _____

3. Please briefly explain why this workshop is important for the NM Film Industry:

4. This workshop would consist of which of the following (check all that apply):

- Lecture only (no demonstrations)
- Lecture and demonstrations by contractor (and/or subcontractors)
- Participants would handle materials, chemicals, tools and/or equipment

For workshops that include demonstrations or participation by attendees, please indicate the type of insurance policy you have or will have to cover the proposed training activities:

- Contractor's Current Insurance Policy Temporary (Special Events) Policy Third Party Coverage

5. Would the training result in any official certifications (i.e. regulated by government)? Circle: Yes or No

If so, please describe: _____

6. Minimum number of attendees: _____; Maximum number of attendees: _____

7. Ratio of Students to Instructors: _____
8. Number of persons that have already expressed interest in attending this workshop or lecture: _____
9. Would this workshop require any pre-requisites and if so, what are the proposed requirements? _____

10. If applicable, what will be created from the approved expendable materials used in this workshop?

11. Proposed length of workshop: _____ hours per day; _____ number of days
12. Proposed workshop/lecture date(s): _____
Alternative workshop/lecture date(s): _____
Are these dates flexible? Circle: Yes / No
13. It is highly recommended to charge a nominal registration fee to each participant (i.e. \$25 per attendee, per workshop.)
What amount do you recommend for this workshop/lecture? _____
14. Does this workshop/lecture include any hand-outs or books? Circle: Yes / No

SECTION 3. Proposed Workshop/Lecture Location

1. NM City where workshop would take place: _____
2. Facility option one (Name/Address):

Facility contact name and phone number: _____
Does this facility carry General Liability Insurance? Circle: Yes / No
Will you be required to hire facility security? Circle: Yes / No
Description of facility's usual business, product(s), and/or service(s): _____
3. If applicable, facility option number two (name/address):

Facility contact name and phone number: _____
Does this facility carry General Liability Insurance? Circle: Yes / No
Will you be required to hire facility security? Circle: Yes / No
Description of facility's usual business, product(s), and/or service(s): _____
4. If this workshop is at an educational facility, are you considering the attendees register as students through the college (for the duration of the workshop only)? Circle: Yes / No

SECTION 4. Training Program Budget

1. Cost of workshop/lecture (contractor's total fee) : _____
Please check one: Fee includes GRT in the amount of \$_____ I am Tax Exempt
2. As noted in Section 2, number 6 and 13, please calculate the following:
Minimum number of attendees: _____ x registration fee: _____ = _____
3. Subtract line 2 from line 1 for the total reimbursement you would be requesting from the State: _____
4. Divide the total in line 3 by the minimum number of attendees to calculate the maximum cost per person: _____
This will be the basis of the contract reimbursement if the minimum number of attendees is not met.

5. Please check all applicable expenses you would incur if conducting this workshop/lecture:

- Contractor Services/Hours (i.e. Preparation, Coordination, Curriculum Development, Instruction)
- Facility Rental
- Facility Security
- Equipment Rental
- Subcontracted Instructors (# _____)
- Subcontracted Facilitator/Non-Instructing Assistants (# _____)
- Liability Insurance (Temporary/Special Events Policy for Workshop Only)
- Insurance Agent Fee for Certificate of Liability Insurance to NMFO (naming State as insured)
- Other Educational Materials (i.e. Books)
- Expendable Materials (including photocopies)
- Certificate and/or Licensing Fees
- In-State Travel Expenses(Non-Employees Only)
- Out-of-state Travel Expenses (Non-Employees Only)

SECTION 5. Documents

Submit the following documentation to the NM Film Office via mail or email:

1. Completed and signed application (send original)
2. Business mission statement
3. Goal for attendees (workshop objective)
4. Instructor(s) resume(s)
5. Syllabus or agenda
6. Copy of CRS registration certificate from the NM Taxation & Revenue Department (TRD)
(Visit www.tax.newmexico.gov or go directly to https://tap.state.nm.us/NM_xwTapCrS.aspx)

Attn: Tobi E. Ives, Workforce Programs Manager
NM Economic Development Department
New Mexico Film Office
Santa Fe University of Art and Design
1600 Saint Michael's Drive
Santa Fe, NM 87505
tobi@nmfilm.com

You will be notified of approval within two weeks of the receipt of this application. You may be requested to amend your workshop syllabus or provide additional information. If approved, a meeting will be requested with the Workforce Programs Manager either via phone or in person to complete the contract.

SECTION 6. Policy & Guidelines

In order for your application to be approved, you must have read the program process and guidelines. These documents are available online at www.nmfilm.com/locals/workforce-advancement/pet.php or contact the Workforce Programs Manager (see section 5.)

- Have you read the PETP Policy & Guidelines? Circle: Yes / No
- Have you reviewed the PETP Contractor Checklist? Circle: Yes / No

It is highly recommended to also review the PETP Frequently Asked Questions (available online).

SECTION 7. Certification by Authorized Company Representative

As an authorized representative of the company listed in Section 1, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature: _____

Title: _____

Print Name: _____

Date: _____