

Production / Post-Production Support Grant EXTENSION REQUEST

Please complete this form and submit it with the requested information in Section C.

SECTION A: IDENTIFICATION

Last Name: _____ First Name: _____

Address: _____
Apt / Street Address City Prov Postal Code

Telephone: _____ Email: _____

SECTION B: GRANT INFORMATION

Project Title: _____ Year Grant Awarded: _____

Grant Amount: \$ _____

SECTION C: WRITTEN REQUEST

Please submit a written report addressing the following points (1 page maximum):

1. Why were unable to complete the project by the required 1-year deadline?
2. What is your outline / action plan to complete the film within the next (12) twelve months?
(Please include a detailed schedule outline)

SECTION D: DECLARATION

I, (print name) _____, agree that the information on the form and the attached written request to be accurate. Any unused funds from the Production Support Program will be void after the set extension date.

Signature: _____ Date: _____

SECTION E: OFFICE USE ONLY

Remaining Amount of Grant Funds: _____

Project Extended to _____

Date Approved: _____ LIFT Signature: _____