

Logistical Information

What is the Production(s) timeline?

What is the Production(s) Distribution Plan?

Upon review of the application by NNTVF, will the Production(s) Company be available for a conference call?

YES IF YES, Provide Date: _____

NO

List All Locations Where Filming Will Take Place:

Media Services

Navajo Nation TV & Film provides additional services, if applicable, please check the following and a representative will be in contact to discuss the services in detail:

- | | | | |
|--|---------------------------------|--------------------------------|----------------|
| Concept Development / Storyboard | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | Specify: _____ |
| Treatment / Script Development | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Lighting | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Videography | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Sound Mixer / Boom Operator / Audio Recording | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | Specify: _____ |
| Color Grading | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Graphic Design | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Video Editing | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| On-site / On-location Production Coordination | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | Specify: _____ |
| Drone Operator (<i>FAA Certified Required on the NN</i>) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| Other (<i>describe below</i>) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |

Additional Comments / Description of Project(s)

Disclaimer and Signature

I acknowledge that lack of timeliness and/or material changes to the project may result in permit denial or assessment of additional fees. I understand that the Production Company will perform its due diligence to contact all participants/parties to ensure the participants/parties are provided information of the content and to ensure all necessary waivers have been signed.

I am the authorized representative contact for all aspects concerning this project. The views and opinions expressed on any projects are those of the Production Company or its affiliates and do not reflect the views or policies of the Navajo Nation TV & Film. Each project's Producer are responsible for the content in the product(s) or project(s).

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____