

ACTRA NL MIP GRANT PROGRAM

ACTRA Member Initiated Production Agreement

Application Form

Producer/Administrator Information

Name		ACTRA ID	
Address	City	Prov.	Postal Code
Phone number	Email Address		

Production Information

Production Name	Producer Name
Director Name	Production Budget
Shoot Dates	Shoot Location(s)

How does this project support your future goals in the film industry? (maximum 250 words)

ACTRA

The following must be included with the Grant Application:

Completed MIP Application form

List of known participants at time of application

Synopsis of script

Copy of or outline of script

Copy of budget using sample format

Copyright of the script

I _____ confirm that, to the best of our knowledge I have provided you with correct information and therefore I am not aware of any circumstances which I have not disclosed which might influence your decision. Must be signed by Producer/Administrator.

Signature _____

Date _____

Grant applications must be submitted to:

Marlene Cahill

Branch Representative

mcahill@actra.ca

709-722-0430

Deadline for applications: November 2, 2026 12 noon by email only.