PTC No:	
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Please complete the "Workforce Development Contribution Report" (Section 14, pp. 4-5) and submit to school or union official for review and verification. Include this/the signed copy when submitting entire "Hawaii Production Report" to Hawaii Film Office. See Appendix B of instructions for details and TIR 2019-01; §18-235-17-19.

		awaii university, public/charter school:
	Amount: \$	School:
<u>S</u> r	oecify which Arts Program w	ithin the School the Contribution was made:
). <u> </u>	In-kind donation to Hawai	university, <u>public/charter school</u> (describe, including equivalent monetary value)
	School/Arts Program:	
	Camera/sound equipment:	
	Editing/post equipment:	
	Grip/electric equipment:	
	Computer hard/ software:	
	Props/set dressing:	
	Costumes:	
	Other:	
_		(must be previously agreed to by school administrat
. Ц		Hawaii university, public/charter school:
	School/Arts Program:	
	School/Arts Frogram.	
		ding intern's name(s) duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
		ding intern's name(s), duties, and dates/hours of service)
	Internship(s): (Describe, inclu	
	Internship(s): (Describe, inclu	ding intern's name(s), duties, and dates/hours of service) e, including volunteer's name(s), activities, and dates/hours of service)
	Internship(s): (Describe, inclu	

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14. Workforce Development Contribution Report (continued): Type(s) of Contribution(s) (continued):

d.		Educational program v	vith local labor union chapter: U	nion/Chapter:				
		Apprenticeship/Internsh	Apprenticeship/Internship(s): (Describe, including apprentice/intern's name(s), duties, and dates/hours of service)					
		Volunteer Service(s): (De	escribe, including volunteer's name(s), activ	vities, and dates/hours of service)				
			-					
٠.		Workshop / Seminar with Hawaii Film Office: (Describe, including speaker's name(s), topic(s), and dates/hours of service)						
		Other (describe) (Musth	ave been pre-approved by Hawaii Film Offic	ce during registration period)				
	Scł	School/Union/Institution Verification: (Please submit to school, union, or other official to review & complete)						
		have reviewed the Workforce Development Contribution Report above (#14), and hereby verify that it is true and correct to the best of my knowledge.						
	l ve			ion has been earmarked for Film / Video / or				
		Performing Arts Progr		ion nuo acen cumunica ion i iiii, viiuco, oi				
		Signature		Date				
		Name:						
		Title:						
		School/Union/Institution:						
		Address:						
		Phone:	Fax:	Email:				
		*Details / Comments:						
		betans / comments.						
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