

ANIMATION GUILD  
2014-2015 CSATTF SKILLS TRAINING  
GRANT APPLICATION  
Silver Drawing Academy

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These forms are to be used to apply for grants to take the indicated classes at Animation Mentor, iAnimate and Silver Drawing Academy only. This grant is only for classes that begin between February 1, 2014 and January 31, 2015. Other grant applications are available on the Guild's website at <http://animationguild.org/grant-classes/>

These grants are for partial reimbursement of class fees. You will have to pay Silver Drawing Academy the full class fee in advance, and then you will be reimbursed by CSATTF upon successful completion. ***You must complete a separate application for each class.***

1. Before you complete and submit these forms, contact Silver Drawing Academy to determine if the class you're interested in is really what you're looking for, if it will be available on a day and time when you can take it, and if you meet the prerequisites. Class descriptions are available on the Silver Drawing Academy website.

Silver Drawing Academy  
11070 Fleetwood Street, Unit B  
Sun Valley, CA 91352  
<http://www.silverdrawingacademy.com/>

2. Once Silver Drawing Academy has confirmed that the classes you want are available to you, fill out the attached forms. The entire application must be completed and submitted. Ignore all references on the forms to the "IATSE Basic Agreement" or the "online roster".

**You will have to show proof of thirty days' employment in the last two years at an employer signed either to a TAG collective bargaining agreement or an IATSE collective bargaining agreement under TAG's jurisdiction.** Non-union employment does not count. This typically takes the form of paycheck stubs that indicate the 30 days of union employment. If you are unsure about this step, contact Steve Kaplan ([skaplan@animationguild.org](mailto:skaplan@animationguild.org)) and ask for clarification **BEFORE** sending your application to CSATTF.

Your application will expire if the class is not taken within ninety days of its approval, so please do not apply for more classes than you can reasonably expect to take in that period.

Do not return these forms to the Animation Guild or to Silver Drawing Academy. Please contact Kimberly Kemp if you have any questions about these forms.

**Kimberly Kemp, Training Programs Administrator  
Contract Services Administration Training Trust Fund (CSATTF)  
2800 Winona Avenue  
Burbank, CA 91504  
phone (818) 847-0040 ext. 1260  
fax (818) 847-0048  
email: [skillstraining@csatf.org](mailto:skillstraining@csatf.org)**

2800 WINONA AVENUE  
BURBANK, CA 91504



T 818.847.0040  
F 818.847.0048  
www.csatf.org

**Approved Skills Training for 2014/2015  
Local #839  
Vendor Provided Training**

**SKILLS TRAINING APPLICATION / COURSE PRE-APPROVAL FORM**

**Eligibility:** In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access. Non-Roster Classification individuals, please see "Special Notes" located on the Reimbursement Acknowledgement Form.

In order to attend CSATTF Skills Training courses, your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. You will receive written notification, via e-mail, from CSATTF indicating approval or denial. You are not eligible until you have received pre-approval notification from CSATTF. All approved applications will have expiration dates. **Training must commence before the expiration date indicated on your notification of approval. NO EXCEPTIONS WILL BE MADE.**

The Skills Training Application (one application packet per course) consists of the following three (3) forms:

- Course Pre-Approval Form
- Course Selection Form
- Reimbursement Acknowledgement Form

All forms **MUST** be completed, signed, and returned as instructed below. Please allow 1-2 weeks for processing.

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local/Classification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Course Name (one application packet per course): \_\_\_\_\_ Course #: \_\_\_\_\_

At the completion of the Skills Training course, you will be asked to complete an anonymous electronic survey of your experience in the program. We request that you complete the survey and appreciate your cooperation.

I have read and understood the CSATTF Skills Training Application and Reimbursement Guidelines (where applicable), and I hereby agree to abide by all of the terms and conditions contained therein.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For pre-approval determination, please return all forms to CSATTF via e-mail to [Kkemp@csatf.org](mailto:Kkemp@csatf.org), or fax or U.S. Mail.

CSATTF Attn: Skills Training  
2800 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

**FOR OFFICE USE ONLY**

Form I-9 Date: \_\_\_\_\_ Safety: \_\_\_\_\_ Completed by: \_\_\_\_\_

Skills Training Application Expires: \_\_\_\_\_  Application Approved  Application Denied

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Vendor Provided Training**

**SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM**

In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification (please see "Special Notes" below). You may check your standing at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access.

**The Skills Training Application (one application packet per course) consists of three (3) forms:**

- Course Pre-Approval Form
- Course Selection Form
- Reimbursement Acknowledgement Form

**Skills Training Application questions: 818.847.0040 extension 1260.**

For training dates, course content and scheduling questions, please contact the vendors on the attached list.

**Special Notes:**

**Non IER Classifications for Local #839:** Please provide proof of at least 30 Union workdays of applicable IATSE Local #839 covered employment within the past two years. You must include, along with your pre-approval application, an employment verification letter from a payroll company or an employer showing your exact work dates, job classification and social security number OR copies of supporting pay stubs showing actual work time (sick or vacation time is not eligible). **\*\*\*Please Note\*\*\*** More than one form of employment verification may be needed for pre-approval. Your application will be denied if no employment verification is submitted.

**Reimbursement Guidelines:**

Requests for reimbursement are subject to the "Reimbursement Policy", as set forth on the attached "Reimbursement Guidelines, Policy, and Requests Form". The specific training course must have been approved in advance, by CSATTF. Non-approved courses will not be reimbursed. The entire course must be successfully completed in order to receive reimbursement. Incomplete or unsuccessfully completed courses will not be reimbursed. One "Request for Reimbursement Form" is required per course. The "Request for Reimbursement Form" must be completed and submitted with supporting documentation within 45 days after the course completion date in order to be eligible for reimbursement.

**2014/2015 Skills Training courses for Local #839:**

See the attached list(s) of approved classes and vendors that qualify for reimbursement.

I, \_\_\_\_\_, have read and understood the CSATTF Skills Training Application,

*Print Name*

Special Notes and Reimbursement Guidelines, and I hereby agree to abide by all of the terms and conditions contained therein.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contract Services Administration Training Trust Fund ("CSATTF")  
2014/2015 Approved Skills Training - The Animation Guild, Local #839**

**Course Selection Form (One selection per form, you MUST check one and only one selection)**

**Animation Mentor (877)326-4628 www.animationmentor.com**

AN05	Advanced Acting Classic	\$ 2,799.00	CP04	Creature Animation: Fight or Flight	\$ 1,999.00
AN01	Animation Basics	\$ 1,999.00	CP03	Creature Animation: Locomotion	\$ 1,999.00
AN03A	Animation Body Mechanics Advanced	\$ 2,799.00	AN04	Introduction to Acting	\$ 2,799.00
AN02	Animation Body Mechanics Basics	\$ 2,799.00	CS01	Introduction to Character Animation and Storytelling	\$ 1,999.00
AN03	Animation Body Mechanics Classic	\$ 2,799.00	VF02	Lighting Basics	\$ 2,799.00
VF01	CG Basics	\$ 1,999.00	WLightShot01	Lighting Your Shot Workshop	\$ 699.00
CS02	Character Animation and Storytelling Development	\$ 2,799.00	WMAYA01	Maya Workshop: Animation Basics	\$ 599.00
CS03	Character Animation Production	\$ 2,799.00	AN06	Polishing & Portfolio	\$ 2,799.00
VF03	Compositing Basics	\$ 2,799.00			

**Stephen Silver Drawing Academy (818)773-2440 silverdrawingacademy.com**

SSDA01	Character Design with Stephen Silver	\$ 699.00	SSDAWS	Two Day Workshops	\$ 350.00
SSDA02	Caricature/Figure Drawing by Stephen Silver	\$ 699.00			

**iAnimate (Contact Jason Ryan) www.ianimate.net**

FA03	Advanced Body Mechanics and Pantomime Acting	\$ 1,998.00	FA01	Introduction to Feature Quality Animation	\$ 1,998.00
FA02	Body Mechanics	\$ 1,998.00	MD01	Modeling for Animators	\$ 999.00
RG02	Character Rigging for Production	\$ 999.00	MC01	Motion Capture Workshop	\$ 999.00
FA04	Close Up Facial Acting and Lip Sync	\$ 1,998.00	RG01	Rigging Fundamentals	\$ 999.00
CW01	Creature Workshop	\$ 1,998.00	FA06	Sequence Work	\$ 1,998.00
RG03	Facial Rig Creation	\$ 999.00	FA07	Showreel Polish	\$ 1,998.00
FA05	Full Body Acting, Facial and Lip Sync Exercises	\$ 1,998.00	SL01	Surfacing for Animators	\$ 999.00

**The Skills Training Application consists of three (3) forms. All forms listed below MUST be completed, signed and returned to CSATTF.**

- 1. Course Pre-Approval Form**
- 2. Course Selection Form**
- 3. Reimbursement Acknowledgement Form**

**Please allow 1-2 weeks for processing.**

*In order to attend Skills Training courses, your Skills Training Application MUST be approved by CSATTF prior to taking the requested course. You are not approved until you have received written verification, via email, from CSATTF.*

**NO EXCEPTIONS WILL BE MADE**

As stated in the "Reimbursement Guidelines, Policy and Request Form", upon receipt of proper documentation CSATTF will ONLY reimburse up to 2/3 of the agreed upon tuition costs paid by the applicant. ALL other fees (processing, registration, books, taxes, etc) are the responsibility of the applicant.

2800 WINONA AVENUE  
BURBANK, CA 91504

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**Approved Skills Training for 2014/2015  
Local #839  
Vendor Provided Training**

**REIMBURSEMENT GUIDELINES, POLICY, AND REQUESTS FORM**

**Reimbursement Guidelines:**

- The specific training course must have been pre-approved in advance, by CSATTF. Non-approved courses will **not** be reimbursed.
- The entire course must be successfully completed in order to receive reimbursement; incomplete or unsuccessfully completed courses will not be reimbursed.
- Complete one "Request for Reimbursement Form" per course.
- The "Request for Reimbursement Form" must be completed and submitted with supporting documentation within 45 days after course completion date.
- Request for reimbursements are subject to the "Reimbursement Policy," set forth below.

**CSATTF Reimbursement Policy:**

This program, which is administered by Contract Services Administration Training Trust Fund (the "Fund") on behalf of your employers, has been created to provide reimbursements to you (or payments to vendors) for certain eligible training expenses that you incur in connection with your employment. This program is an accountable plan as provided in Internal Revenue Code Section 62(a) (2) (A) and the Treasury Regulations promulgated there under. To ensure that you (or the vendors providing you with training) receive prompt reimbursement for your eligible employment related expenses, you must meet several requirements.

You will need to provide the Fund with substantiation or proof that you, in fact, incurred the expenses for which you are receiving reimbursement (or for which the Fund is making payments to vendors). This substantiation must be submitted to the Fund within a reasonable time after the expense is incurred. For example, if you submit your substantiation within 45 days of incurring the expense or of completion of the training, whichever is later, that will be considered to be a reasonable time.

You will also need to return to the Fund any excess reimbursement that is made to you. In other words, if you discover that the Fund has paid you too much as a reimbursement, you must return the excess to the Fund within a reasonable time after you discover this error. If you have any questions, please call the Fund at 818.847.0040, extension 1260 and we will be happy to assist you.

**Request for Reimbursement Form:** *Please allow 2 to 4 weeks for processing your reimbursement request.*

Please submit one completed "**Request for Reimbursement Form**" per course and return it with the following items:

- A signed Certificate of Completion issued by the vendor that includes the course description and vendor's name or submit a letter from the vendor indicating successful course completion.
- Proof of Payment: Either a copy of the applicant's original credit card receipt/credit card statement, a copy of the front & back of the canceled check or additional information if requested. Note: Receipts for cash payments are not eligible for reimbursement.
- A copy of the vendor invoice or a copy of the attendance record.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

You may submit your "Request for Reimbursement Form" with documentation via e-mail to [Kkemp@csatf.org](mailto:Kkemp@csatf.org), or fax or U.S. Mail.

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**FOR OFFICE USE ONLY**

Reimbursement Approved Date: \_\_\_\_\_ Course Cost: \$ \_\_\_\_\_

Reimbursement Amount (2/3rds): \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Code: \_\_\_\_\_