



## California Film and Television Tax Credit Program 4.0

## DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY

# FINAL ASSESSMENT

Production Title:	DEIA Contact Person:	0
Queue Number:	Contact E-mail:	
Project Category:	Contact Phone:	
Final Element Creation Date:	DEIA Final Assessment Deadline:	

In accordance with sections 17053.98.1(g)(3)(D) and 23698.1(g)(3)(D) of the Revenue and Taxation Code, approved applicants in the Program 4.0 that elect to OPT IN to the diversity requirements shall submit a Final Assessment (Form DEIA4) within sixty (60) calendar days of final element creation. Failure to submit Form DEIA4 in accordance with section 5554.2(b) of the regulations shall result in opting out of the diversity requirements. The CFC will reject any submitted Form DEIA4 that includes quotas or other numeric goals or outcomes regarding protected classes, including but not limited to race, ethnicity, gender, and disability status. Resources to support applicants in the completion of this Form are available on the CFC website. If you have questions about how to complete this Form, please contact <u>DEIAProgram@film.ca.gov</u>.

Describe how you have met or made a good-faith effort to meet the goals that you set for your production in Form DEIA2 Workplan, consistent with Form DEIA1 Checklist. Include information about successes, shortfalls, and barriers experienced responsive to the goals set for each of the below categories, including information specific to individuals whose wages are included within qualified wages and information specific to individuals whose wages are excluded from qualified wages as set forth in sections 17053.98.1(b)(22)(B)(iv) and 23698.1(b)(22)(B)(iv) of the Revenue and Taxation Code. The prompts on this form are not intended to require applicants to make any statements or take any actions that are incompatible with or contrary to federal, state, or local law, or applicable collective bargaining agreements.

#### **INCLUSIVE HIRING:**

#### **EQUITY EDUCATION:**



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#### **INDUSTRY CAPACITY BUILDING:**

**SUPPLIER DIVERSITY**:

#### Acknowledgment and Certification

I acknowledge, agree, and certify that I, the DEIA contact, have read and reviewed the DEIA Final Assessment, including all the content provided, and that it is accurate to the best of my knowledge, or at least what would be expected of a reasonable person in the same capacity.

Date:	DEIA Contact Name:	Signature:		
0	0			
O	CFC Form DEIA4, Diversity, Equity, Inclusion, and J IncentiveProgam4@film.ca.gov • 7080 Hollywood Blvd, Suite	Accessibility Final Assessment, January 1, 2025. 900 Hollywood, CA 90028 • 323.860.2960 • <u>www.film.ca.gov</u>		