



## ABORIGINAL LANGUAGE PROGRAMMING – SERIES 2011-2012 APPLICATION FORM

### Section A: TELEVISION COMPONENT

Submission Date: \_\_\_\_\_

Program Title: \_\_\_\_\_

Window Offered to APTN: \_\_\_\_\_

Applicant Production Company(ies) Name(s): \_\_\_\_\_

Region of Production:  Eastern (NB, NL, NS, NU, PE, QC)

Central (SK, MB, ON, NT)

Western (AB, BC, YT)

Cycle: \_\_\_\_\_ Episode #: \_\_\_\_\_ to \_\_\_\_\_

Genre:  Children & Youth

Drama

Documentary

Performing Arts

Variety

Form:  One-off

Pilot

Mini-Series # of Episodes: \_\_\_\_\_

Series # of Episodes: \_\_\_\_\_

Broadcast Length Per Episode:  30 minutes

60 minutes

90 minutes

Other \_\_\_\_\_

Total Broadcast Length: \_\_\_\_\_

Short Synopsis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Original Language:  English  
 French  
 Aboriginal - Please specify: \_\_\_\_\_  
\_\_\_\_\_

Versioning:  No  Yes

Specify Version Language(s): \_\_\_\_\_

Closed Captioning is required and must be included in the budget.

Is closed captioning accounted for?  No  Yes

Descriptive video is required for drama and comedy programs and must be included in the budget. Is

descriptive video accounted for?  No  Yes

**Applicant Information:**

Legal Business Name: \_\_\_\_\_

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

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Co-Applicant Information (if applicable):**

Legal Business Name: \_\_\_\_\_

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

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_



**Aboriginal Declaration:**

APTN requests applicants to voluntarily self-identify as Aboriginal.\*

Please indicate which percentage of the Applicant Production Company is Aboriginal-owned:

| Name of Shareholder | Percentage of ownership | Inuit                    | First Nations            | Métis                    | Non-Aboriginal           |
|---------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                     |                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Total</b>        |                         |                          |                          |                          |                          |

\* Where the applicant is an individual, an Aboriginal individual is defined to include a First Nations, Métis or Inuit individual who resides in Canada. Where the applicant is a production company, an Aboriginal production company is defined as a sole proprietorship, a limited company, a co-operative, a partnership or a not-for-profit organization in which Aboriginal persons have at least 51% ownership and effective control; or a joint venture consisting of two or more Aboriginal businesses or an Aboriginal business and a non-Aboriginal business, provided that the Aboriginal business(es) has at least 51% Aboriginal ownership and effective control of the joint venture. APTN requires statistics in these areas for reporting requirements to the Board of Directors. Consistent with our founding objectives, APTN gives preferential treatment to Aboriginal individuals and production companies in the selection of production proposals.

Please indicate list key creative and indicate Aboriginal descent:

| Title                   | Name(s) | Inuit                    | First Nations            | Métis                    | Non-Aboriginal           |
|-------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| Executive Producer      |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Producer                |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Associate Producer      |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Director                |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writer                  |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Host/Actor              |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Director of Photography |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Editor                  |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composer                |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



What aspects of APTN's Programming Mandates are reflected in the proposal?

- Aboriginal Context
- Aboriginal Director
- Aboriginal Producer
- Aboriginal Talent
- Other (please specify) \_\_\_\_\_

**Aboriginal Training Plan:**

Does your project have an Aboriginal Training Plan:  Yes       No

If so, please list the positions and names (if possible) of Aboriginal Trainees:

| Title | Name(s) | Inuit                    | First Nations            | Métis                    | Non-Aboriginal           |
|-------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please list the positions and names (if possible) of Aboriginal Trainee Mentors:

| Title | Name(s) | Inuit                    | First Nations            | Métis                    | Non-Aboriginal           |
|-------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





**Finance Structure**

Please indicate if financing is committed or pending:

| <b>Financing source</b>                               | <b>Dollar amount expected</b> | <b>Percentage of total budget</b> | <b>Confirmed or pending?</b> |
|---|-------------------------------|-----------------------------------|------------------------------|
| <b>APTN licence</b>                                   |                               |                                   |                              |
| CMF Aboriginal Program                                |                               |                                   |                              |
| CMF - English Performance Envelope                    |                               |                                   |                              |
| CMF - French Performance Envelope                     |                               |                                   |                              |
| Other Broadcaster Licence<br>Please Specify:<br>_____ |                               |                                   |                              |
| Federal Tax Credits                                   |                               |                                   |                              |
| Provincial Tax Credits                                |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| <b>Total budget amount</b>                            |                               |                                   |                              |



**Declaration of Related-Party Transactions**

During the production titled \_\_\_\_\_, will the production company \_\_\_\_\_ perform any transactions (including fees, salary, rental of goods or services, administration fees or miscellaneous expenses) with the following companies and/or individuals?

| Type of Related Parties                                  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Parent company   | <input type="checkbox"/> | <input type="checkbox"/> |
| Subsidiary   | <input type="checkbox"/> | <input type="checkbox"/> |
| Companies under common control                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Shareholders of parent company                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Shareholders of subsidiary                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Members of immediate family (husband, wife and children) | <input type="checkbox"/> | <input type="checkbox"/> |
| Management and/or employees of parent company            | <input type="checkbox"/> | <input type="checkbox"/> |
| Management and/or employees of subsidiary                | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to one of the questions above, then please complete the table hereunder:

| Name of the Related Company of Individual | Type of Relation | Budget Code | Description | Amount |
|---|------------------|-------------|-------------|--------|
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
| <b>Total</b>                              |                  |             |             |        |



## Definitions

Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint or common significant influence. Related parties also include management and immediate family members.

A related party transaction is a transfer of economic resources or obligations between related parties, or the provision of services by one party to a related party, regardless of whether any consideration is exchanged. The parties to the transaction are related prior to the transaction. When the relationship arises as a result of the transaction, the transaction is not one between related parties.

Control of an enterprise is the continuing power to determine its strategic operating, investing and financing policies without the cooperation of others.

Significant influence over an enterprise is the ability to affect the strategic operating, investing and financing policies of the enterprise.

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## Checklist of Attached Materials

- 1. Signed **ABORIGINAL LANGUAGE PROGRAMMING – SERIES 2011-2012 Section A: TELEVISION COMPONENT APPLICATION FORM.**  
(<http://www.aptn.ca/corporate/producers/forms-and-production-tools.php>)
- 2. Signed **Proposal Submission Agreement for Producers Form.**  
([www.aptn.ca/corporate/producers/Producer\\_PDFs/2011-proposal-submission-agreement.pdf](http://www.aptn.ca/corporate/producers/Producer_PDFs/2011-proposal-submission-agreement.pdf))
- 3. Completed **Declaration as to Aboriginal Descent Form.**  
(Individual- [www.aptn.ca/corporate/producers/Producer\\_PDFs/Declaration-as-to-Aboriginal-Descent-Individual-Revised.pdf](http://www.aptn.ca/corporate/producers/Producer_PDFs/Declaration-as-to-Aboriginal-Descent-Individual-Revised.pdf))  
(Company- [www.aptn.ca/corporate/producers/Producer\\_PDFs/Declaration-as-to-Aboriginal-Descent-Production-Company-Revised.pdf](http://www.aptn.ca/corporate/producers/Producer_PDFs/Declaration-as-to-Aboriginal-Descent-Production-Company-Revised.pdf))
- 4. Series short synopsis (one paragraph only).
- 5. Series long synopsis (one page maximum).
- 6. Program format and summary (identify the genre, the running time, number of episodes, and provide a summary of how the story is structured, how it is told, what is the focus, how will the program will be treated in its visual and audio presentation).
- 7. Identify your target audience and outline the program's relevance and appeal to APTN's audience.
- 8. Treatment (5 to 15 pages), including, if applicable, episode synopsis, list of shooting locations, list of potential guests, description of host/narrator....
- 9. Creative materials (such as storyboards, sketches, photos, DVD of Director and/or Producer's previous works).
- 10. Proposed production schedule, including start of principal photography, rough cut delivery, fine cut delivery and master delivery for each episode and target dates for confirmation of funding, completion of production and proposed broadcast.



- 11. Finance Plan (if applicable, provide confirmation of other financing commitments – a second broadcaster is preferred but not required. Provide second window agreement if applicable. Please also include the amount of your financial request to APTN).
- 12. Dated and signed budget.
- 13. Cashflow statement (Please Note: **APTN's first payment will be made no earlier than September 2013** and all payments will be payable in 60 days following receipt and approval of deliverables and invoice).
- 14. Description of interim financing.
- 15. Detailed calculation for Federal and Provincial tax credit.
- 16. Corporate information (including past production experience/broadcasting credits). APTN will not consider licencing proposals submitted by individuals or companies that do not have relevant production experience.
- 17. Incorporation documents for all Producer(s), Production Companies and Parent Company (ies), as applicable.
- 18. Shareholder register and ownership share.
- 19. List and resumes of key creative personnel/principal crew members
- 20. Complete Chain of Title identifying the following:
  - o Writer's agreements, option/purchase agreements, transfers of rights agreements and all other agreements demonstrating that the producer(s) holds the rights to the following:
    - The creative material and concept.
    - The rights to produce, distribute and exploit the project.
- 21. A detailed and comprehensive training plan for Aboriginal personnel clearly outlining the professional and mentorship components as well as the expected outcomes for these individuals.

**I certify that ABORIGINAL LANGUAGE PROGRAMMING –SERIES 2011-2012 Section A: TELEVISION COMPONENT APPLICATION FORM and deliverables listed in the checklist are complete and all the information provided is truthful and accurate and that no material fact has been omitted.**

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Signature:

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Name:

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Date:

**PLEASE NOTE: COMPLETE PROPOSALS WILL INCLUDE ALL 21 SECTIONS OUTLINED IN THE CHECKLIST ABOVE. INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED.**