



APTN Lumi ACQUISITIONS FORM

PROGRAM INFORMATION

DATE:

Program Title:

Year Produced:

Format: One-off or Series: # of episodes:

Length(s):

Language:

- Does the program contain subtitles?: Yes No

Genre:

Country of Origin:

If Canadian Content, please specify:

CRTC Certification #:

CAVCO Certification #:

All Canadian submissions over 5:00 minutes in length require CRTC or CAVCO Certification

CRTC Category:

Target Audience:

- Children (2-11 years)
 Youth (12-17 years)
 General Audience
 Specific Identifiable Group:
 Other:



Rating/Warnings:

| <u>Indicate Program Classification:</u> | |
|---|---|
| <input type="checkbox"/> C Suitable for children 2-7. | <input type="checkbox"/> PG Suitable for a general audience, at the parents' discretion for younger children. |
| <input type="checkbox"/> C8+ Suitable for children 8 and older. | <input type="checkbox"/> 14+ Suitable for audiences 14 and older. |
| <input type="checkbox"/> G Suitable for a general audience. | <input type="checkbox"/> 18+ Suitable for audiences 18 and older. |

Disclaimers:

| | |
|--|---|
| <input type="checkbox"/> Nudity | <input type="checkbox"/> Profanity or Obscene Gestures |
| <input type="checkbox"/> Sexual Situations | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Other: (i.e. suicide or explicit hunting scenes) |

DELIVERABLES

See APTN Technical Program Delivery Standards:

<https://www.aptn.ca/wp-content/uploads/programming/APTN-Program-Delivery-Technical-Specifications.pdf>

Master format (file based):

Is the program closed captioned for the hearing impaired? Yes No

All programs must be closed captioned per our CRTC Condition of Licence

- Is the closed captioning file available as a separate file in .scc format? Yes No

Is the program Video Described for the visually impaired? Yes No

- Is the DV audio file available as a separate file? Yes No

Is script available? Yes No

Does this program have Errors and Omissions ('E&O') Insurance?

Yes No *(if no E&O, Licensor will be asked to provide a personal guarantee signed by all shareholders.)*

If yes, expiry date of insurance policy:

If no, did the title ever have E&O coverage?

Other: type of insurance:



BROADCAST HISTORY

Network(s):

Date(s):

Please specify if broadcast premiere is available

Are VOD rights available?:

VOD history:

DESCRIPTION OF PROGRAM/SERIES

Synopsis:

Festivals:

Awards:

Name of Producer:

Name of Director:

Name of Writer:

Please indicate which of the following identifies as Indigenous:

- Actor(s):
- Producer:
- Director:
- Writer:
- Other:
- Storyline:
- Production/Distribution Company



World's First National Indigenous Broadcaster

CONTACT INFORMATION

Company:

Address:

Contact:

Phone:

E-mail:

Website:

Screening link: