

ABORIGINAL LANGUAGE PROGRAMMING EMERGING DIRECTOR 2017-2018 APPLICATION FORM

Section B: DIGITAL MEDIA COMPONENT

Program Title: _____

Related Film or TV Project: _____

Applicant Production Company Name: _____

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

Central (SK, MB, ON, NT)

Western (AB, BC, YT)

Digital Media Component Project Type (please select one):

Interactive Content

Application Software

Game

Other _____

Digital Media Component Project Category (please select one):

Interactive Web series or narrative

AAA game

Social networking

Desktop software

Casual game

Companion TV show Web portal

Software as a service

Multiplayer online game

Other _____

Digital Media Component Distribution Platform (select all that apply):

Web

PC

Console

Smartphone

Tablet

Terminal/kiosk

Interactive TV (ITV)

Handheld console

Other _____

Digital Media Component Website Address/ URL: _____

Short Synopsis: _____

Applicant Information:

Legal Business Name: _____

Address: _____

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	Aboriginal-owned				Non-Aboriginal
		Inuit	First Nations	Métis		
		<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"/>	
Total						

* 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)	Gender	Inuit	First Nations	Métis	Non-Aboriginal
Producer(s)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designer			<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"/>
Art Director			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology Director			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Manager			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____			<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 Designer
- Aboriginal Project Manager
- 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"/>
		<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 budget items attributable to Aboriginal Trainees and include number of days budgeted:

Budget Code	Description	Number of Days	Rate	Total Amount
Total Training Budget				

Production Schedule

Stage	Location	From (mm-dd-yyyy)	To (mm-dd-yyyy)	Number of Days
Production				
Testing				
Deployment				
Final Release				
Distribution				
Site Maintenance				
			Total	

Finance Structure

Please indicate if financing is committed or pending:

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

Checklist of Attached Materials

- 1. Signed **ABORIGINAL LANGUAGE PROGRAMMING – EMERGING DIRECTOR 2017-2018 Section B: DIGITAL MEDIA COMPONENT APPLICATION FORM.**
(<http://aptn.ca/corporate2/producers/forms-and-production-tools/>)
- 2. Digital media component synopsis (detailing themes, subject matter, settings).
- 3. Viewer/User experience description (complete description of the DM component explaining how the television component and digital media component are associated with each other and enhance the Viewer/User experience).

- 4. Written summary of the digital media components complete development history (conception to application including proposed deliverables).
- 5. Describe the design and the technology to be used in the production of the DM component.
- 6. Identification of target audience and relevance and appeal to APTN's audience.
- 7. Proposed language of project publication.
- 8. Proposed development schedule, including target dates for confirmation of funding, completion of development and proposed project launch.
- 9. 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).
- 10. Dated and signed budget.
- 11. Cashflow statement. All payments will be payable in 60 days following receipt and approval of deliverables and invoice.
- 12. Description of interim financing.
- 13. Detailed calculation tax credit (if applicable).
- 14. Corporate information (including past production experience).
- 15. Incorporation documents for all Producer(s), Production Companies and Parent Company (ies), as applicable.
- 16. Shareholder register and ownership share.
- 17. List and resumes of key creative personnel/principal crew members.
- 18. 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.
- 19. DVD or USB containing the above mentioned materials. APTN requires that all proposal submissions submit a hardcopy and a digital copy.

I certify ABORIGINAL LANGUAGE PROGRAMMING – EMERGING DIRECTOR 2017-2018 Section B: DIGITAL MEDIA 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.

Signature:

Name:

Date:

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