

ABORIGINAL LANGUAGE PROGRAMMING SERIES 2017 - 2018 APPLICATION FORM

Section A: TELEVISION COMPONENT

Submission Date: _____

Program Title: _____

Window Offered to APTN: _____

Applicant Production Company Name: _____

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: _____
 Dialect - (if applicable) 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 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: _____

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			
		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"/>
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	Aboriginal descent			
			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) _____
- Are 40% of the key creative roles held by women? Yes or No _____

ABORIGINAL LANGUAGE VERSION:

Please indicate list key creative and indicate Aboriginal descent: (See "What to submit with your proposal" #23 for reference)

Title	Name(s)	Inuit	First Nations	Métis	Non-Aboriginal
Translator/Oral		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translator/Written		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal Graphics Creator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Host (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Actors (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Actors (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Actors (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Actors (If Applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Actors (If Applicable)		<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"/>

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"/>

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				

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: _____			
Other Sources Please Specify: _____			
Total budget amount			

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
Total				

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.

Checklist of Attached Materials

When submitting ensure that components are organized in the following order:

- 1. Signed **Aboriginal Language Programming Series 2017 - 2018, Section A: TELEVISION COMPONENT APPLICATION FORM.** [RFP's, Forms & Production Tools](#)
- 2. Signed **Proposal Submission Agreement for Producers Form.** [RFP's, Forms & Production Tools](#)
- 3. Completed **Declaration as to Aboriginal Descent Form.**
Individual- [Declaration as to Descent Individual](#)
Company- [Declaration as to Descent Company](#)
- 4. Short synopsis (short is one paragraph or less).
- 5. Long synopsis (long is one page maximum).
- 6. Program format and summary (identify the genre, running time, number of episodes, original language of shooting and language of versioning - the Aboriginal language version should be a complete viewing experience and must include bilingual opening and closing credits, titles, and graphics. Producer must demonstrate that on-screen fonts of the indicated Aboriginal language are available - and provide a summary of how the story is structured, how it will be told, its focus, and how it 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, and description of the 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. 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:
 - 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.
- 22. Promotional Implementation Delivery Strategy. Please see our guidelines for details regarding what promotional materials are needed, and should be included in your budget. Promo Material Guidelines
- 23. List and resumes of the following working on the Aboriginal language version: Translator/Oral, Translator/Written, Participant (if applicable), Aboriginal Graphics Creator for Open and Close credits, titles, graphics, Host (if applicable) and Voice over Actor(s) (if applicable)
- 24. DVD or USB containing the aforementioned documents. APTN requires that all proposals be submitted in both print and digital formats.

I certify that Aboriginal Language Programming Series 2017 - 2018 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.

Signature:

Name:

Date:

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