



## APTN DIGITAL MEDIA DEVELOPMENT APPLICATION FORM

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

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

Related TV Project: \_\_\_\_\_

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

Host Company (if available): \_\_\_\_\_

- Region of Production:
- Eastern (NB, NL, NS, NU, PE, QC)
  - Central (SK, MB, ON, NT)
  - Western (AB, BC, YT)

- Distribution Platform:
- Website/Internet application
  - Mobile
  - iTV ( interactive TV)
  - Other: \_\_\_\_\_

- Project Category:
- Interactive web series or narrative
  - Gaming
  - Education/resource/reference
  - Other: \_\_\_\_\_

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

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

Proposed Versioning:  No  
                                   Yes

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

**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: \_\_\_\_\_



**Indigenous Declaration:**

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

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

Name of Shareholder	Percentage of ownership	Inuit	First Nations	Métis	Non-Indigenous
		<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 Indigenous individual is defined to include a First Nations, Métis or Inuit individual who resides in Canada. Where the applicant is a production company, an Indigenous production company is defined as a sole proprietorship, a limited company, a co-operative, a partnership or a not-for-profit organization in which Indigenous persons have at least 51% ownership and effective control; or a joint venture consisting of two or more Indigenous businesses or an Indigenous business and a non-Indigenous business, provided that the Indigenous business(es) has at least 51% Indigenous 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 Indigenous individuals and production companies in the selection of production proposals.*

Please indicate list key creative and indicate Indigenous descent:

Title	Name(s)	Inuit	First Nations	Métis	Non-Indigenous
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"/>
Web 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"/>
Researcher(s)/Journalist(s):		<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"/>



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

- Indigenous Context
- Indigenous Web Designer
- Indigenous Producer
- Indigenous Talent
- Other (please specify) \_\_\_\_\_

**Indigenous Training Plan:**

Does your project have an Indigenous Training Plan:  Yes     No

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

Title	Name(s)	Inuit	First Nations	Métis	Non-Indigenous
		<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 Development Licence</b>			
CMF Aboriginal Program - Development			
CMF - English Development Envelope			
CMF - French Development Envelope			
Federal Tax Credits			
Provincial Tax Credits			
Other Sources Please Specify: _____			
Other Sources Please Specify: _____			
<b>Total budget amount</b>			



### **Checklist of Attached Materials**

\* APTN requires that all proposal submissions submit a hardcopy *and* a digital copy saved to CD.

- 1. Signed **APTN DIGITAL MEDIA DEVELOPMENT APPLICATION FORM.**
- 2. Signed [Proposal Submission Agreement for Producers Form.](#)
- 3. Completed [Declaration as to Indigenous Descent Form.](#)
- 4. Digital Media Component synopsis (detailing themes, subject matter and setting of storyline).
- 5. Describe the design and the technology to be used in the production and implementation of the Digital Media component.
- 6. Describe the viewer/user experience. Explain how the Digital Media component and related television component are associated with each other and how each enhance the viewer/user's experience of each other.
- 7. Project outline (interactivity, summary of intended output and deliverables that will result from development).
- 8. Identify target audience and outline the program's relevance and appeal to APTN's audience.
- 9. Creative materials (examples of previous works).
- 10. Proposed development schedule, including target dates for confirmation of funding, completion of development and proposed project launch.
- 11. Finance Plan (if applicable, provide confirmation of other financing commitments. Please also include the amount of your financial request to APTN).
- 12. Dated and signed budget.
- 13. Corporate information (including past production experience/broadcasting credits). APTN will not consider developing proposals submitted by individuals or companies that do not have relevant production experience.
- 14. Incorporation documents for all Producer(s), Production Companies and Parent Company (ies), as applicable.
- 15. Shareholder register and ownership share.
- 16. List and resumes of key creative personnel
- 17. 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.
  
- 18. A detailed and comprehensive training plan for Indigenous personnel clearly outlining the professional and mentorship components as well as the expected outcomes for these individuals.

**I certify that this APTN DIGITAL MEDIA DEVELOPMENT 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 DIGITAL MEDIA DEVELOPMENT PROPOSALS WILL INCLUDE ALL 18 SECTIONS OUTLINED IN THE CHECKLIST ABOVE. INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED**