



## APTN Television Development Application Form

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

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

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)

Genre:  Children & Youth

Drama

Documentary

Performing Arts

Variety

Proposed Deliverables:

Series Bible

Research report

Production Schedule

Production Budget & Finance Structure

Demo

Draft Scripts (form):  One-off

Pilot

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

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

Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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"/>
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?

- Indigenous Context
- Indigenous Director
- 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"/>
		<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 TELEVISION DEVELOPMENT APPLICATION FORM**.
- 2. Signed [Proposal Submission Agreement for Producers Form](#).
- 3. Completed **Declaration as to [Indigenous Descent Form](#)**.
- 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, proposed running time, number of episodes).
- 7. Identify your target audience and outline the program's relevance and appeal to APTN's audience.
- 8. Project description and development phase objectives (2 to 5 pages).
- 9. Creative materials (such as storyboards, sketches, photos, DVD of Director and/or Producer's previous works).
- 10. Proposed development schedule, including target dates for confirmation of funding, completion of production, and proposed broadcast.
- 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.
    - The production, distribution and exploitation of the project.
- 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 TELEVISION 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 DEVELOPMENT PROPOSALS WILL INCLUDE ALL 18 SECTIONS OUTLINED IN THE CHECKLIST ABOVE. INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED**