



WEBSERIES FOR APTN LUMI 2020-2021 APPLICATION FORM

Submission Date: _____

Program Title: _____

Applicant Production Company Name: _____

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

Central (SK, MB, ON, NT)

Western (AB, BC, YT)

Genre:

- Children & Youth
- Documentary
- Performing Arts
- Variety
- General Entertainment

Target

Audience:

- Preschool (0-5 years)
- Children (6 – 12 years)
- Teenagers (13 – 17 years)
- Primary (18 – 34 years)
- Secondary (35+ years)

Broadcast

- Length Per Ep.: 30 minutes
 60 minutes
 90 minutes
 Other

Form:

- One-off
- Pilot
- Mini-Series # of Episodes: _____
- Series # of Episodes: _____

Length Per Episode (Minimum length 6 minutes) : _____

Total Web Series Length: _____

Short Synopsis: _____



- Original Language: English
 French
 Indigenous with English Subtitles:
- Please specify: _____
 Indigenous with French Subtitles:
- Please specify: _____

Versioning: No Yes

Closed Captioning is required and must be included in the budget.

Is closed captioning accounted for? No Yes

Applicant Information:

Legal Business Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Website: _____

Indigenous Partner/Owner: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Non-Indigenous Partner/Owner (if applicable): _____

Title: _____

Phone Number: _____

E-Mail Address: _____



Indigenous Declaration:

APTN requires applicants to specify the Indigenous group to which they belong.*

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"/>
Total					

* 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 list key creative and Indigenous descent:

Title	Name(s)	Gender F/M/X	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"/>

Are 40% of the key creative roles held by women? Yes or No _____



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

- Indigenous Context
- Indigenous Director
- Indigenous Producer
- Indigenous Talent
- Other (please specify) _____

INDIGENOUS LANGUAGE VERSION:

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

Title	Name(s)	Inuit	First Nations	Métis	Non-Indigenous
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"/>
Indigenous 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"/>



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 Trainee(s) and Mentor(s):

Title	Name(s)	Trainee or Mentor T/M	Gender F/M/X	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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list budget items attributable to Indigenous Trainees, Mentors 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			
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.



Where to Submit Proposals

Proposals must be submitted in PDF format via this Dropbox link by **April 19, 2021 by 5:00 pm PT/CT/ET**: <https://www.dropbox.com/request/wFq0Gkuvlzc5G106wgXQ>

We will not accept submissions sent by courier, mail, e-mail or fax. Submissions received after the deadline will not be accepted or considered and incomplete submissions will be automatically declined by APTN.

What to Submit with your Proposal(s)

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

- 1. **Signed Webseries for APTN lumi RFP 2020-2021 Application Form.**
- 2. Signed **Proposal Submission Agreement for Producers Form.**
- 3. Completed **Declaration as to Indigenous Descent Form.**

Individual

Company

- 4. Series short synopsis (one paragraph only).
- 5. Series long synopsis (one page maximum).
- 6. Program format, summary, identify the genre, running time, number of episodes, original language of shooting (if original is in an Indigenous language version it 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 Indigenous 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, DEMO/SIZZLE reel available online via Vimeo or YouTube in support of project, links 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 complete 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), wholly-owned subsidiaries where relevant or other involved corporate entities that have a substantial involvement in the production, 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, transfer 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 Indigenous personnel clearly outlining the professional and mentorship components as well as the expected outcomes for these individuals.
- 22. Promotional Implementation Delivery Strategy. Please see the APTN Program Delivery Technical Specifications for details regarding what promotional materials are mandatory and optional to factor in your budget. [APTN Technical Standards](#)
- 23. List and resumes of the following working on the Indigenous language version: Translator/Oral, Translator/Written, Participant (if applicable), Indigenous Graphics Creator for Open and Close credits, titles, graphics, Host (if applicable) and Voice over Actor(s) (if applicable).



I certify that **WEBSERIES FOR APTN LUMI 2020-2021: 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. By signing below, I also certify that I have read and will abide by [ON-SCREEN PROTOCOLS & PATHWAYS](#)

Signature:

Name:

Date: