



## APTN SECOND WINDOW - APPLICATION FORM

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
- 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:

Total Broadcast Length: \_\_\_\_\_

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

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Original Language (select one):

Indigenous

Please specify: \_\_\_\_\_

Dialect (if applicable)

Please specify: \_\_\_\_\_

English

French

Versioning (select one or two – if applicable)

Indigenous

Please specify: \_\_\_\_\_

Dialect (if applicable)

Please specify: \_\_\_\_\_

English

French

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: \_\_\_\_\_

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"/> |
| <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 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 |
|------------------------------|-------------|----------------|------|--------------|
|                              |             |                |      |              |
|                              |             |                |      |              |
|                              |             |                |      |              |
|                              |             |                |      |              |
|                              |             |                |      |              |
|                              |             |                |      |              |
|                              |             |                |      |              |
| <b>Total Training Budget</b> |             |                |      |              |



**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 licence</b>                                   |                               |                                   |                              |
| CMF Indigenous Program                                |                               |                                   |                              |
| CMF - English Performance Envelope                    |                               |                                   |                              |
| CMF - French Performance Envelope                     |                               |                                   |                              |
| Other Broadcaster Licence<br>Please Specify:<br>_____ |                               |                                   |                              |
| Federal Tax Credits                                   |                               |                                   |                              |
| Provincial Tax Credits                                |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| Other Sources<br>Please Specify:<br>_____             |                               |                                   |                              |
| <b>Total budget amount</b>                            |                               |                                   |                              |



**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 |
|---|------------------|-------------|-------------|--------|
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
|   |                  |             |             |        |
| <b>Total</b>                              |                  |             |             |        |

**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.

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**Checklist of Attached Materials for Production**

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

- 1. Signed **APPLICATION FORM**.
- 2. Signed [Proposal Submission Agreement for Producers Form](#).
- 3. Completed **Declaration as to Indigenous Descent Form**.  
[Individual](#)  
[Company](#)
- 4. Short synopsis (one paragraph only).
- 5. 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:
  - o 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:
    - o The creative material and concept.
    - o 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 THIS 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](#)**

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**Signature:**

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**Name:**

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**Date:**



**Where to Submit Proposals**

Proposals must be submitted in PDF format via the Dropbox links below.

We will not accept submissions sent by courier, mail, e-mail or fax.

**Western Region (British Columbia, Alberta, Yukon)**

Kerry Moraes-Sugiyama, Manager of Programming, Western Region

210 – 1999 Marine Dr.

North Vancouver, BC V7P 3J3

Mobile: 778-988-7286

[kerrsugiyama@aptn.ca](mailto:kerrsugiyama@aptn.ca)

Submissions: [Second Window - Western Dropbox](#)

**Central Region (Saskatchewan, Manitoba, Ontario, Northwest Territories)**

Nadia Burnstick, Manager of Programming, Central Region

339 Portage Ave.

Winnipeg, MB R3B 2C3

Mobile: 204-880-2740

[ngaudet@aptn.ca](mailto:ngaudet@aptn.ca)

Submissions: [Second Window - Central Dropbox](#)

**Eastern Region (Quebec, Maritimes, Newfoundland and Labrador, Nunavut and Nunavik Independent Producers)**

Sylvain Levesque, Manager of Programming, Eastern Region

1819 René-Lévesque W., Suite 300

Montréal, QC H3H 2P5

Mobile: 514.863.1789

[slevesque@aptn.ca](mailto:slevesque@aptn.ca)

Submissions: [Second Window - Eastern Dropbox](#)



## **SCHEDULE A**

### **Background**

#### **ABOUT APTN:**

APTN launched in 1999 as the first national Indigenous broadcaster in the world, creating a window into the remarkably diverse mosaic of Indigenous Peoples. A respected non-profit and charitable broadcaster, it's the only one of its kind in North America. The network is Sharing Our Stories of authenticity in English, French and a variety of Indigenous languages to approximately 11 million Canadian subscribers. With over 80% Canadian content, APTN connects with its audiences through genuine, inspiring and engaging entertainment on multiple platforms.

### **APTN Mission Statement**

APTN is sharing our Peoples' journey, celebrating our cultures, inspiring our children and honouring the wisdom of our Elders.

### **APTN Programming Mission**

The APTN Programming department develops, commissions and acquires distinctive Indigenous content which reflects our pride and heritage. APTN is committed to enabling Indigenous Peoples to share their stories and convey them to a domestic and international audience.

### **APTN Programming Vision**

APTN strives to be domestically and internationally recognized as the leading source for distinctively Indigenous audio-visual content produced by, for and about Indigenous Peoples.



## **SCHEDULE B**

### **General Terms & Conditions**

Applications are not accepted via courier, mail, e-mail or fax.

Failure to provide all documentation will result in automatic rejection of the proposal. Please note that APTN will not return materials so please retain a copy for your files. APTN is not responsible for damaged materials. Submissions received after the deadline will not be accepted or considered.

A committee of APTN Programming Department members will meet to review complete proposals (outside readers may be engaged to review treatments/scripts for complete applications). This process takes anywhere from 6 to 8 weeks. The committee will recommend the selection of a limited number of programs for licencing.

APTN is not obliged to select all proposals that are considered and reserves the right to extend the deadline for proposals or add, delete, and/or change the terms of this RFP and issue corrections and amendments to this document. APTN has made every effort to ensure the completeness and accuracy of the information contained in this document. APTN also reserves the right to contact producers to discuss their proposal and to conduct negotiations with a producer.

EXCEPT as provided in the Proposal Submission Agreement, producers who submit proposals will not acquire any legal or equitable rights or privileges whatsoever until a formal licence agreement is signed with APTN.

APTN requests applicants to voluntarily self-identify. APTN requires statistics in these areas for reporting requirements to the Board of Directors and the CRTC. An Indigenous person is defined to include a First Nations, Inuit or Métis person who resides in Canada.

APTN will contact producers whose programs have been selected and, subject to the satisfaction of certain conditions, will extend an invitation to enter into a formal agreement with APTN.

Please note:

- There are no automatic broadcast licences for programs that are currently in development with APTN. Producers must submit a full application.
- APTN requires E&O insurance for all projects. This must be included in the budget (Five (5) years for all genres).
- Program is to otherwise comply with [APTN Technical Standards](#)



## SCHEDULE C

### Content Priorities

- APTN seeks innovative documentary, children and youth, music, dance and variety, drama, lifestyle, reality, sports, interactive (with digital media content) and talk-show proposals
- We intend to increase programming that originates in Indigenous languages
- We currently broadcast programming in English (56%), French (16%) and Indigenous languages (28%)
- Our program schedule must be 75% Canadian
- Our programming celebrates our rich heritage and shares our unique and diverse stories with all Canadians
- APTN will give a forum to Indigenous artists and producers to exhibit their work, but we will not license more than two series or major productions from one production company within any single broadcast season
- APTN will reflect an appropriate balance among the needs of all Indigenous people including First Nations, Inuit and Métis
- APTN will endeavour to be relevant to all regions of the country
- APTN will broadcast programs in both High Definition and Standard Definition
- APTN seeks proposals that include plans to bring the program to life on the web. A contemporary and competitive web presence that includes unique and innovative digital media technology will be given priority. This includes content-heavy projects that will be able to engage the audience before, during and after the television broadcast.



## SCHEDULE D

### Eligibility and Evaluation of Proposals

#### *Eligibility Guidelines*

In order for proposals to be eligible for consideration the following conditions must be met:

- 1) Program selection must be of interest to a national Indigenous audience.
- 2) The producer must:
  - a) be an Indigenous Person, if an individual, which is defined to include a First Nations, Métis or Inuit individual who resides in Canada; or
  - b) be an Indigenous Production Company, which is defined to include:
    - A sole proprietorship, a limited company, a co-operative, a partnership or a not-for-profit organization in which Indigenous Persons have at least **fifty-one (51%) percent ownership and control**; and
  - c) have submitted a proposal that otherwise qualifies for funding or licensing under the APTN Licensing and Acquisitions Policy.
- 3) The production company must be in compliance, and not in default, with any previous contract(s) with APTN. In the event of a coproduction or new company established between two or more existing companies, all companies must be in compliance with any previous contract(s) with APTN. APTN reserves the right not to review proposals from any company involved in a project that does not meet this requirement.
- 4) APTN will require programs in Indigenous languages to be subtitled in either French or English.
- 5) APTN requires closed captioning for the hearing impaired on all English and French programs, as well as described video for programming drawn from the following CRTC program categories: 2(b) long form doc; 7 drama and comedy; 9 variety; 11(a) general entertainment & human interest; 11(b) reality TV, and/or may be programming targeting children.
- 6) All projects accessing CMF funding will require an ISAN number.
- 7) APTN will not licence proposals submitted by individuals or companies that do not have relevant production experience.
- 8) For any licenced program APTN will require a [CRTC Certificate of Canadian Program Certification](#) (no CAVCO) for all programs over 5 minutes in duration. The program must satisfy all Canadian content requirements of the CRTC. APTN will require a Canadian content certificate from the CRTC for the original language version of the program, as well as separate CRTC Canadian content certificate(s) for the Indigenous language version and/or any other official language version (which certificate should allow for additional 25% time credit from the CRTC for programs dubbed in Canada).



### *Evaluation Criteria*

#### **Notes:**

Among various criteria, proposals are rated upon (but not limited to) the following conditions:

- APTN requires that ALL PROGRAM be delivered in the form of digital files.
- Canadian source (please note that for any licensed program APTN will require a [CRTC Certificate of Canadian Program Certification](#) (no CAVCO) for all programs over 5 minutes in duration)
- Creative content including originality, production value, track record of creative team
- Level of Indigenous participation :
  - Executive Producer, Producer, Director, Principal Writer
  - Crew
  - Talent
- Indigenous mentorship/training commitments
- Number and value of licenses previously granted
- Secured funding
- Shelf life
- APTN window
- Production schedule (target availability for broadcast)
- Primary and Secondary Audience
  - National
  - Regional

Proposals are evaluated on many criteria, including the vision of APTN; our desire to attract and engage our audience; the terms of our license with the CRTC; the finite financial resources of the network; the quality of the proposal; and the credentials of the production team.

APTN receives more than 250 project proposals each year and is only able to proceed with a small number of these. A rejection of your proposal is not always a creative judgment on your work but merely a reflection of how much we can commit to at any given time.