CANADA MEDIA FUND FONDS DES MÉDIAS DU CANADA

CONFIRMATION OF BROADCAST REQUIREMENTS & DECLARATION OF BROADCASTER SERVICES FORM

APPENDIX TO THE BROADCAST LICENCE

This form must be submitted for each Canadian Broadcaster (see definition of a Canadian Broadcaster in Appendix A of the Guidelines) that has contributed to the Eligible Triggering Commitment Threshold.

Project Title:_____(the "Project")

Cycle:_____Episode #_____to # _____

CMF File No: _____

Fiscal Year of Application:_____(YYYY-YYYY)

CMF Application Program: _____

Between:_____(the "Applicant")

And:_____(the "Canadian Broadcaster")

Who is a member of:_____("Broadcaster Ownership Group")

CONFIRMATION OF LICENCE TERM

LICENCE TERM:_____TO_____LENGTH OF LICENCE TERM:_____(months)
YYYY-MM-DD YYYY-MM-DD

The Canadian Broadcaster and the Applicant acknowledge that, should the licence term increase beyond the Maximum Term, as defined in the CMF Guidelines, the licence(s) used to meet Eligible Triggering Commitment Threshold will be discounted proportionately. If the required Eligible Triggering Commitment Threshold percentage is not maintained by the previously committed Eligible Licence Fees, the Applicant may be required to obtain additional Canadian Eligible Licence Fees to remain eligible for CMF funding.

A) CONFIRMATION OF DELIVERABLES ACCEPTED BY THE CANADIAN BROADCASTER

☐ The Project was delivered to and accepted by the Broadcaster:

Date of Technical Acceptance: _____
YYYY-MM-DD

☐ The Project was not yet delivered to and accepted by the Canadian Broadcaster

Delivery scheduled: _____
YYYY-MM-DD

B) CONFIRMATION OF BROADCAST REQUIREMENTS

Please check the box which most accurately depicts the Project's broadcast or availability.

☐ TV: CRTC-licenced traditional Broadcaster

Please specify name: _____

☐ VOD: CRTC-licenced video-on-demand services

Please specify service name: _____

☐ Online Service: digital distribution owned by a Canadian Broadcaster/BDU-owned

Please specify name: _____

☐ (i) THE PROJECT HAS BEEN BROADCAST OR MADE AVAILABLE ON DEMAND

if the Project has not yet been broadcast or made available, please proceed to B) (ii)

Date the Project was first satisfied:

(one-off or first episode of a series) _____ YYYY-MM-DD

(last episode in the case of a series) _____ YYYY-MM-DD

Language: _____

Time of Broadcast: _____

(Broadcast must be in peak viewing hours. N/A for CRTC-licenced VOD or for Online services)

The Project was broadcast or made available closed captioned: YES ☐ NO ☐

☐ (ii) THE PROJECT <u>HAS NOT</u> YET BEEN BROADCAST OR MADE AVAILABLE

Expected date the Project will first be made available in Canada: _____
YYYY-MM-DD

AND

☐ The Canadian Broadcaster hereby agrees to broadcast and/or make available the Project closed captioned* in peak viewing hours** within 18 months of completion and satisfactory delivery of the Project to the Canadian Broadcaster. If the Canadian Broadcaster is an ancillary window broadcaster, it hereby agrees to broadcast and/or make available the Project closed captioned* in peak viewing hours** within 18 months of commencement of its Licence Term. Indigenous Program Projects are required to broadcast in the Indigenous language of production. Broadcaster Envelope Program - Diverse Languages Projects are required to be broadcast and/or make available in the original language(s) of its production. The Canadian Broadcaster hereby acknowledges that the funding payable by the CMF in respect of the Project is conditional on satisfaction of the foregoing broadcast requirements.

*(*For Diverse Languages Projects: where closed captioning is required by the CRTC)*
*(**an Eligible Project must meet the 'peak viewing hours' requirement only when it is broadcast by an entity that meets section (a) of the "Canadian Broadcaster" definition in Appendix A)*

C) DECLARATION OF BROADCASTER SERVICES

The following is a list of any and all facilities and/or services provided by the Canadian Broadcaster for the benefit of the Project (including costs in line 85 of the Production Budget), whether or not a fee or other consideration is being given to the Canadian Broadcaster, directly or indirectly. Broadcaster facilities and/ or services would include, but are not limited to, such things as edit suites, studio space, crew, camera equipment, sound and foley facilities, or costumes, which are provided by, owned in whole or in part by or controlled by a public or private Canadian broadcaster.

DESCRIPTION OF FACILITY OR SERVICES	BROADCASTER	BUDGET COST AMOUNT PHASE I	FINAL COST AMOUNT PHASE II
	TOTAL:	$	$

If there are no Broadcaster services in the Project please write "NIL" in the space above.

The Canadian Broadcaster and the Applicant hereby confirm that the information and statements provided above are accurate and complete and that the terms and conditions stated herein are accepted and agreed:

FOR THE CANADIAN BROADCASTER:

Signature:_____
I am duly authorized

Name:_____
Please print

Title:_____
I am duly authorized

Date:_____
YYYY-MM-DD

FOR THE APPLICANT:

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____
I am duly authorized

Date: _____
YYYY-MM-DD