

CMF Application #: _____

Television Component

Please note:

- For all Convergent Stream applications except Diverse Languages Program, all eligible licences may provide performance envelope credit to the Broadcaster.
- Please ensure that the information on this form corresponds with the information submitted by the Applicant in the CMF application. If there are discrepancies, this form may be considered incomplete.

In connection with: _____ ("Television Component")

Cycle: _____ Episodes # _____ to # _____

Applicant/Broadcaster: _____ ("Applicant/Broadcaster")

who is a member of: _____ ("Broadcast Ownership Group")

FINANCIAL INFORMATION

Budget date: _____
 (YYYY/MM/DD)

Total Production Budget : _____

A. Television costs only (excluding costs in line item 85.00) : _____

B. Value-added DM Component (costs in line item 85.00 only, if applicable): _____

FINANCIAL CONTRIBUTION

A. Broadcaster contribution for **TV component** costs only
 (tv budget without costs of item 85.00) :

Amount (\$) _____

Total Contribution (\$) _____

B. Broadcaster contribution for **Value-Added DM component**
 costs (item 85.00), as applicable:

(10% minimum): _____

CMF CONTRIBUTION REQUEST

A. For the Television Component only :

Program: _____

Amount (\$) _____

Total Contribution (\$) _____

Program: _____

B. For the Value-Added DM Component:

Program: _____

Amount (\$) _____

Total Contribution (\$) _____

Program: _____

Total CMF Contribution (A + B) : _____

BROADCAST INFORMATION

Language(s) in which the Television Component will be broadcast:

English French Aboriginal (specify): _____ Other (specify): _____

Canadian territories where the Television Component will be broadcast:

Number of plays: _____

TELEVISION COMPONENT INFORMATION

Expected date of completion of the TV Component : _____
Date (yyyy-mm-dd)

Confirmation that the Television Component will be broadcast closed captioned in peak viewing hours, within 18 months of completion

SECOND WINDOW BROADCASTERS

The Broadcaster acknowledges the following broadcast rights acquired by other broadcasters (if applicable):

Other Broadcaster	Broadcast Term*	Exclusivity	
_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ months
_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ months

*Please refer to Section 3.2.TV.5.2 of the applicable Guidelines for more information.

Applicant/Broadcaster Declaration

The Broadcaster hereby agrees to broadcast the Television Component and/or make the Television Component available to be viewed on a CRTC-licensed VOD service in peak viewing hours, closed captioned, within 18 months of completion.

The Broadcaster further agrees that when relied upon to meet the requirements of Section 3.2(2) of the applicable Guidelines, CRTC-licensed VOD and non-simulcast digital distribution must be made available to Canadians within 18 months of completion.

Further to the CMF 2018-2019 Business Policies: Chapter 8 - Broadcaster Business Policy, the Broadcaster is required to submit its most recent audited annual financial statements to the CMF for review, on an annual basis, before submitting its first Broadcaster Agreement Form for the financial year at the following link: <http://cmf-fmc.ca/en-ca/broadcaster-financial-statements-submissions>. By signing this Broadcaster Agreement Form, the Broadcaster confirms that it has made its required annual submission and Broadcaster agrees that the CMF may also require the Broadcaster to submit its most recent quarterly financial statements for review at any time during the year.

The Broadcaster agrees to include the CMF logo in all marketing material pertaining to productions funded through the CMF, including direct marketing, print, online and out-of-home advertising. The Broadcaster will also credit the CMF in any editorial material including press releases and speeches for its financial contribution to the project.

All capitalized terms not defined herein shall have the meaning ascribed to them in the CMF 2018-2019 Guidelines.

For Performance Envelope Program only:

The Broadcaster hereby authorizes the CMF to allocate a portion of their designated Performance Envelope for the Television Component. The application for the Television Component must be received at the CMF by the applicable Closing Date Deadline, in order for the Television Component to remain eligible for CMF funding.

AGREED AND ACCEPTED BY:

For the Applicant / Broadcaster

Signature: _____

Signature: _____

Name: _____
(please print)

Name: _____
(please print)

Title: _____

Title: _____

Date: _____
(yyyy-mm-dd)

Date: _____
(yyyy-mm-dd)