

APPENDIX TO THE BROADCAST LICENCE

This form must be submitted for each broadcaster and CRTC-licensed VOD provider that has contributed to Licence Fee Threshold.

TV Project Title: _____ ("TV Component")

Cycle: _____ Episodes # _____ To # _____

CMF TV File No.: _____

Fiscal Year of Application: _____ (YYYY-YYYY)

CMF Application Program: _____

Between: _____ ("TV Component Applicant")

And: _____ ("Broadcaster")
("Broadcast Ownership Group")

Who is a member of: _____

FUNDED DIGITAL MEDIA COMPONENT REFERENCE (If applicable) (with costs greater than \$100,000 for ENGLISH projects OR greater than \$50,000 for FRENCH projects)

DM Project Title: _____ ("DM Component")

CMF DM File No.: _____

CONFIRMATION OF LICENCE TERM

LICENCE
TERM: _____ TO _____
YYYY MM DD YYYY MM DD

LENGTH OF LICENCE TERM: _____ (months)

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

A) CONFIRMATION OF DELIVERABLES ACCEPTED BY BROADCASTER

- ☐ The TV Component was delivered to and accepted by the Broadcaster **OR** ☐ The TV Component was not yet delivered to and accepted by the Broadcaster

Date of Broadcaster Technical Acceptance:

Delivery scheduled :

YYYY-MM-DD

YYYY-MM-DD

Did the Delivery Date change from the date entered on the Broadcaster Agreement Form?

Yes ☐

No ☐

If YES, please indicate the original date :

YYYY-MM-DD

B) CONFIRMATION OF BROADCAST REQUIREMENTS

→ THE TV COMPONENT

☐ **HAS AIRED**

Broadcast Date:
(one-off or first episode)

YYYY-MM-DD

Date of Final Broadcast:
(last episode, as applicable)

YYYY-MM-DD

Language of the first Broadcast:

TIME AIRED: _____
(must be in peak viewing hours)

The TV Component was aired closed captioned Yes ☐ No ☐

OR

☐ **HAS NOT YET AIRED**

Expected Broadcast Date :

YYYY-MM-DD

AND

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

(*For Diverse Languages Program: where closed captioning is required by the CRTC.)

C) CONFIRMATION OF CONVERGENT CRITERIA

→ Please check the box which most accurately depicts your convergent criteria

- ☐ **One or more Digital Media Component**
(Value-added, rich and substantial or non-funded)

Please specify the Host Company and/or URL: _____

- ☐ **CRTC-licensed Video on demand**

Please specify CRTC-licensed VOD service provider: _____

- ☐ **Non-simulcast digital distribution**

Please specify the non-simulcast digital distributor: _____

Date the triggering Convergent Criteria was first made available to the Canadian public:

YYYY MM DD

OR

→ Check the box below if the convergent criteria has not been exploited

- ☐ **The Convergent Criteria has not yet been exploited**

Expected Exploitation Date

YYYY MM DD

AND

If meeting Convergent Criteria with VOD or Non-Simulcast Digital Distribution:

- ☐ The TV Component Applicant and the Broadcaster acknowledge that when relied upon to meet the Convergent Criteria requirements as set out in Section 3.2(2) of the Guidelines of the applicable program, CRTC-licensed VOD and non-simulcast digital distribution must be made available to Canadians within 18 months of completion and delivery to the broadcaster of the Television Component.

If meeting Convergent Criteria with a Digital Media Component:

- ☐ The TV Component Applicant and the Broadcaster hereby agree to ensure that the DM Component: (i) will be made available to the Canadian public in a meaningful way as set out in Section 3.2.DM.5(a) of the Guidelines of the applicable program and (ii) meets the rich and substantial digital media content requirements as set out in Section 3.2.DM. of the Guidelines of the applicable program.

DECLARATION OF BROADCASTER SERVICES

The following is a list of any and all facilities and/or services provided by any Canadian broadcaster for the benefit of the Television Component, whether or not a fee or other consideration is being given to the 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:		\$ 0	\$ 0

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

If the DM component is hosted on the Broadcaster's website, the Broadcaster shall be responsible for fulfilling the mandatory reporting obligations of the DM applicant to the CMF with respect to digital analytics tagging.

The Broadcaster and the TV Component 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 BROADCASTER:

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date: _____
YYYY/MM/DD

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date: _____
YYYY/MM/DD

FOR THE TV COMPONENT APPLICANT:

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date: _____
YYYY/MM/DD

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date: _____
YYYY/MM/DD