



CANADA  
MEDIA FUND

FONDS DES MÉDIAS  
DU CANADA

## FINAL COST FORM: CANADIAN CONTENT AFFIDAVIT

### PRODUCTION PROGRAMS

Project Title: \_\_\_\_\_ ("Project")  
CMF File No.: \_\_\_\_\_  
Applicant Production Company: \_\_\_\_\_ ("Applicant")  
FISCAL Year of Application: \_\_\_\_\_ (YYYY-YYYY)  
CMF Application Program: \_\_\_\_\_

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#### IN THE MATTER OF THE Canada Media Fund AND IN THE MATTER of the application of

\_\_\_\_\_  
Name of the Application Production Entity  
**with respect to:**

\_\_\_\_\_  
Name of the Project

I \_\_\_\_\_ Resident of \_\_\_\_\_  
Full name of the declarant City, Province

#### DO SOLEMNLY DECLARE, that

1. I am a \_\_\_\_\_ and as such am providing/have provided my services to the  
Occupation  
Applicant on the Project from \_\_\_\_\_ to \_\_\_\_\_.  
Commencement Completion date of service
2. I am and will at all material times be a Canadian Citizen or Permanent Resident.
3. To the best of my knowledge, information and belief, the declared locations for animation activity listed below where applicable, are in Canada.
4. Please choose one of the following:

To the best of my knowledge, information and belief, the individuals specified below as Canadians filling key creative positions for the Project are Canadian citizens and/or permanent residents, and I have made all reasonable inquiries to ensure the truth of this statement.

I have submitted or will submit satisfactory documentary proof evidencing the citizenship and/or permanent residency status of the Canadian individuals filling key creative positions specified below.

### Key Creative Personnel

Please insert the name of all persons filling the following positions and their citizenship:

ROLE	NAME	CITIZENSHIP	COMPANY & LOCATION
Producer(s)			
Executive Producer(s)			
Co-Producer(s)			
Associate Producer(s)			
Line Producer(s)			
Other Producer(s)			
Director(s)			
Principal Screenwriter(s)			
Other Screenwriter(s)			
Editor(s) / Off-line Editor(s)			
Music Composer(s)			

#### LIVE ACTION

ROLE	NAME	CITIZENSHIP	COMPANY & LOCATION
Highest Paid Performer			
2nd Highest Paid Performer			
Production Designer / Art Director			
Director of Photography/ Technical/Lighting Director			

#### ANIMATION

ROLE	NAME	CITIZENSHIP	COMPANY & LOCATION
Storyboard Supervisor			
First or Second Highest Paid Voice			
Design Supervisor / Art Director			

Camera Operator & Operation Location(s)			
Layout & Background Location(s)			
Key Animation Location(s)			
Assistant Animation In- betweening Location			

PRINCIPLE CAST NAMES			
ROLE	ROLE	ROLE	ROLE

**AND I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.**

**DECLARED before me**

In (City) \_\_\_\_\_ Signature of Declarant

In (Province) \_\_\_\_\_ Please Print Name of Declarant

This \_\_\_\_\_ of \_\_\_\_\_ Signature of Commissioner or Notary  
Day Month/Year

N.B. This document must be sworn before a Commissioner for taking Oaths or a Notary Public. Please ensure that all insertions are legible.