

# GOVERNMENT OF CANADA OFFICIAL MEDIA LIST QUESTIONNAIRE

The applicant must complete **all questions in full** to be considered for the Government of Canada's Official Media List. Failure to provide all of the information requested may result in the rejection of your publication from the Government of Canada official media list.

(Please type or print clearly in ink.)

**Name of Publication:** \_\_\_\_\_

Office address:

Street address: \_\_\_\_\_ Suite/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address (if different from above):

Street address: \_\_\_\_\_ Suite/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Language(s) of publication: \_\_\_\_\_

Target Ethnic Group(s): \_\_\_\_\_

Target Aboriginal Group(s): \_\_\_\_\_

Target Community Group(s): \_\_\_\_\_

Brief description of target audience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Official Languages Information:

What is the title of the equivalent media printed in the other official language in your region?

\_\_\_\_\_

If none exist, are you willing to publish bilingual ads in your publication?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Publishing Company:** \_\_\_\_\_

Publisher's Name: \_\_\_\_\_

Editor's Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Number of Staff:**

Editorial: \_\_\_\_\_ Reporters: \_\_\_\_\_ Admin: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Name of Printer:** \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Office address:

Street address: \_\_\_\_\_ Suite/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Format of Publication:**

(Broadsheet, tabloid or magazine): \_\_\_\_\_

No. of columns per page: \_\_\_\_\_ Column width (inches): \_\_\_\_\_

No. of agate lines per page: \_\_\_\_\_

**How often do you publish?:**

Daily: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_ Weekly: \_\_\_\_\_

Bi-monthly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Please list dates of last three consecutive issues: \_\_\_\_\_

*(Also please forward last three consecutive issues for reference purposes)*

**Subscription & Distribution Information:**

Percentage of distribution:

Paid subscriptions: \_\_\_\_\_ Retail/Newstand: \_\_\_\_\_

Controlled distribution: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Central region of distribution: \_\_\_\_\_

Distribution outside of Canada (please specify region(s)): \_\_\_\_\_

\_\_\_\_\_

Cost per issue to subscriber: \_\_\_\_\_

**General Information:**

Date first edition published: \_\_\_\_\_

Average number of pages per issue: \_\_\_\_\_

Total number of copies printed per issue: \_\_\_\_\_

Total number of copies in circulation: \_\_\_\_\_

**Editorial Content:**

Breakdown of publication content (by percentage):

Canadian news (national events): \_\_\_\_\_ Local news: \_\_\_\_\_

Ethnic news: \_\_\_\_\_ Aboriginal news: \_\_\_\_\_ International news: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Editorial Policy: \_\_\_\_\_

**Submission Information:**

Deadline for booking ad: \_\_\_\_\_

Deadline for materials prior to run: \_\_\_\_\_

**Have you ever done a readership study?** \_\_\_\_\_

(If yes, please include a copy of your study for our files).

Does an independent third party regularly audit your circulation? If yes, please give the organization's name: \_\_\_\_\_

**Rate Information:**

Please include a copy of your rate card and any material specifications. Please note that the **rates provided must exclude all commission** and must be guaranteed for the period of one fiscal year ending of every calendar year. Any rate increase following this survey is subject to receiving a **90 day notification** and all increases must remain within or below industry standards.

What is your current **net** advertising rate? \_\_\_\_\_

Please specify CNU (MAL) or Agate (A) lines. \_\_\_\_\_

When was the rate established? \_\_\_\_\_

Do you offer discounts? (Please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you offer cash discounts for prompt payment? Please indicate terms. \_\_\_\_\_

\_\_\_\_\_

In order to be considered for the Government of Canada Official Media List, please return your completed questionnaire to the following address:

Cossette Media  
2100 Drummond Street  
Montreal, Quebec  
H3G 1X1

c/o Jean-Charles Rocha  
Senior Account Director

**You must include:**

- **Publisher's Declaration Circulation and Editorial Content**
- **Three consecutive issues of your publication**
- **Current rate card**



## PUBLISHER'S DECLARATION CIRCULATION AND EDITORIAL CONTENT

Name of Publication: \_\_\_\_\_

Address: \_\_\_\_\_

### Circulation Statement:

Total circulation: \_\_\_\_\_ Paid circulation: \_\_\_\_\_

Number of copies circulated outside Canada: \_\_\_\_\_

### Editorial Content:

What is the percentage of content in your publication?

\_\_\_\_\_ % Canadian and local news

\_\_\_\_\_ % Ethnic news

\_\_\_\_\_ % Aboriginal news

\_\_\_\_\_ % International news

\_\_\_\_\_ % Other (Please specify) \_\_\_\_\_

I hereby declare that the above is both truthful and accurate. We hereby agree to submit records and/or information required to support this application upon request.

\_\_\_\_\_  
Name of Publisher or Publisher's Representative

\_\_\_\_\_  
Signature of Publisher or Publisher's Representative

\_\_\_\_\_  
Date

**IMPORTANT: Any corrections or additional pages must be signed. Do not send faxes or photocopies of this form – ONLY ORIGINALS will be accepted.**