

<b>YFSC Use Only</b>
File No. _____
Date Received _____

PLEASE COMPLETE ALL INFORMATION REQUESTED AND INCLUDE ALL RELEVANT DOCUMENTATION WITH YOUR APPLICATION. PLEASE NOTE THAT ALL APPLICANTS MUST SIGN THIS APPLICATION FORM AND THAT **INCOMPLETE APPLICATIONS WILL BE RETURNED AT THE APPLICANT'S EXPENSE.**

**A PROGRAM INFORMATION**

**TITLE OF PROGRAM**

\_\_\_\_\_

**LOG LINE ( 1 – 2 SENTENCE PROJECT DESCRIPTION)**

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

CYCLE \_\_\_\_\_ EPISODES # \_\_\_\_\_ TO # \_\_\_\_\_

PREVIOUS TITLE (IF APPLICABLE)

**GENRE**

- DRAMA ( ADULT  FAMILY  OTHER)  
 BIG-BUDGET 1HR DRAMA SERIES  
 DOCUMENTARY  
 CHILDREN'S ( AIRING PRIOR TO 9PM OR  9-11PM)  
 YOUTH ( BIG-BUDGET 7-11PM OR  ALL OTHER)

**BROADCAST LENGTH (PER EPISODE)**

- 30 MIN  60 MIN  90 MIN  
 120 MIN  OTHER (PLEASE SPECIFY)

TOTAL BROADCAST LENGTH FOR SERIES \_\_\_\_\_ MIN

**TYPE**

- LIVE ACTION  ANIMATED  
 BOTH FORMATS % LIVE \_\_\_\_\_ % ANIMATED \_\_\_\_\_

**ORIGINAL LANGUAGE (CHOOSE ONE ONLY)**

- ENGLISH  FRENCH  DOUBLE SHOOT  
 ABORIGINAL (PLEASE SPECIFY) \_\_\_\_\_

PROGRAM WILL ALSO BE VERSIONED INTO \_\_\_\_\_

**INTERNATIONAL TREATY CO-PRODUCTION**  Yes  No

PERCENTAGE OF PARTICIPATION FROM: YUKON \_\_\_\_\_ %

CO-PRODUCING PARTNER \_\_\_\_\_ %

CO-PRODUCING PARTNER \_\_\_\_\_ %

**APPLICANT PRODUCTION COMPANY(IES)**

\_\_\_\_\_

IS THIS THE CORRECT PROGRAM TITLE AND APPLICANT NAME(S) TO USE FOR YFSC PUBLICITY PURPOSES SHOULD THE PROGRAM RECEIVE FUNDING?  YES  NO

**APPLICANT COMPANY(IES) IS/ARE**

- INDEPENDENT  BROADCASTER-AFFILIATED

**FORMAT**

- PILOT  
 ONE-OFF  
 FEATURE LENGTH DOCUMENTARY  
 MOW  
 MINI-SERIES – DREAM (# OF EPISODES \_\_\_\_\_)  
 SERIES (# OF EPISODES \_\_\_\_\_)

**SHOOTING FORMAT** \_\_\_\_\_

**DELIVERY FORMAT** \_\_\_\_\_

**DELIVERY DATE TO BROADCASTER** YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_

**SCHEDULE**

PRE-PRODUCTION YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_  
 PRINCIPAL PHOTOGRAPHY YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_  
 # \_\_\_\_\_ OF DAYS SHOOTING IN YUKON

**LOCATION(S) OF PHOTOGRAPHY**

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

**B APPLICANT INFORMATION**

IF THERE IS INSUFFICIENT SPACE ON THIS FORM PLEASE ATTACH A SEPARATE SHEET.

**APPLICANT**

**PRODUCTION COMPANY NAME** \_\_\_\_\_

FULL BUSINESS ADDRESS \_\_\_\_\_

CHIEF EXECUTIVE(S) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

CONTACT FOR THIS FILE \_\_\_\_\_ FAX \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**PARENT COMPANY NAME(S)** \_\_\_\_\_

FULL BUSINESS ADDRESS \_\_\_\_\_

CHIEF EXECUTIVE(S) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**CO-APPLICANT(S)**

**PRODUCTION COMPANY NAME** \_\_\_\_\_

FULL BUSINESS ADDRESS \_\_\_\_\_

CHIEF EXECUTIVE(S) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

CONTACT FOR THIS FILE \_\_\_\_\_ FAX \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**PARENT COMPANY NAME(S)** \_\_\_\_\_

FULL BUSINESS ADDRESS \_\_\_\_\_

CHIEF EXECUTIVE(S) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_



YUKON GOODS, SERVICES & LABOUR

	\$ LABOUR	\$ GOODS & SERVICES	\$ TOTAL
<b>SECTION "A" ABOVE THE LINE</b>			
YUKON EXPENDITURES			
NON-YUKON EXPENDITURES			
<b>TOTAL "A" ABOVE THE LINE</b>			
<b>SECTION "B" PRODUCTION</b>			
YUKON EXPENDITURES			
NON-YUKON EXPENDITURES			
<b>TOTAL "B" PRODUCTION</b>			
<b>TOTAL "C" POST PRODUCTION</b>			
YUKON EXPENDITURES			
NON-YUKON EXPENDITURES			
<b>TOTAL "C" POST PRODUCTION</b>			
<b>SECTION "D" OTHER</b>			
YUKON EXPENDITURES			
NON-YUKON EXPENDITURES			
<b>TOTAL "D" OTHER</b>			
<b>TOTAL "A", "B", "C", "D"</b>			
<b>TOTAL YUKON EXPENDITURES</b>			
<b>TOTAL NON-YUKON EXPENDITURES</b>			

## D KEY CREATIVE PERSONNEL

PLEASE INSERT THE NAME OF ALL PERSONS FILLING THE FOLLOWING POSITIONS AND THEIR RESIDENCY. IF A POSITION IS NOT YET FILLED, PLEASE IDENTIFY THIS AND INDICATE THE RESIDENCY OF THE PERSON WHO WILL FILL THAT POSITION.

POSITION	NAME(S)	CITIZENSHIP & RESIDENCY
PRODUCER(S)	_____	_____
EXECUTIVE PRODUCER(S)	_____	_____
CO-PRODUCER(S)	_____	_____
ASSOCIATE PRODUCER(S)	_____	_____
LINE PRODUCERS(S)	_____	_____
OTHER PRODUCER(S)	_____	_____
DIRECTOR(S)	_____	_____
PRINCIPAL SCREENWRITER(S)	_____	_____
EDITOR(S) / OFF-LINE EDITOR(S)	_____	_____
MUSIC COMPOSER(S)	_____	_____

### LIVE ACTION

HIGHEST PAID PERFORMER	_____	_____
2 <sup>ND</sup> HIGHEST PAID PERFORMER	_____	_____
PRODUCTION DESIGNER / ART DIRECTOR	_____	_____
DIRECTOR OF PHOTOGRAPHY /	_____	_____
TECHNICAL / LIGHTING DIRECTOR	_____	_____

### ANIMATED

STORYBOARD SUPERVISOR	_____	_____
1 <sup>ST</sup> OR 2 <sup>ND</sup> HIGHEST PAID VOICE	_____	_____
DESIGN SUPERVISOR / ART DIRECTOR	_____	_____
CAMERA OPERATOR &	_____	_____
OPERATION LOCATIONS(S)	_____	_____
LAYOUT &	_____	_____
BACKGROUND LOCATION(S)	_____	_____
KEY ANIMATION LOCATION(S)	_____	_____
ASSISTANT ANIMATION	_____	_____
IN-BETWEEN LOCATION	_____	_____

PRINCIPAL CAST	NAMES	ROLE (ABORIGINAL NATION IF APPLICABLE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## E DOCUMENT CHECKLIST

AT THE TIME OF APPLICATION, TOGETHER WITH THIS COMPLETED APPLICATION FORM, APPLICANT(S) **MUST** PROVIDE **ALL** THE DOCUMENTATION LISTED BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AT THE APPLICANT'S EXPENSE. PLEASE BE ADVISED THAT DURING THE REVIEW OF THE APPLICATION, APPLICANTS MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION OR DOCUMENTATION. THE YFSC RESERVES THE RIGHT TO REQUEST ANY DOCUMENT, WHICH, DIRECTLY OR INDIRECTLY, RELATES TO THE YPF, OR TO ANY MATTER PERTINENT TO THE ELIGIBILITY OF THE APPLICANT(S) AND/OR THE PROGRAM FOR YPF FUNDING. THE YFSC RETAINS THE RIGHT TO KEEP ON FILE ALL WRITTEN MATERIAL SUBMITTED BY THE APPLICANT(S) IN SUPPORT OF AN APPLICATION.

APPLICATIONS MUST INCLUDE ALL OF THE DOCUMENTATION LISTED BELOW	ENCLOSED	YFSC USE
A COMPLETED AND SIGNED APPLICATION FORM.	<input type="checkbox"/>	<input type="checkbox"/>
A DESCRIPTION OF THE COMPANY, ITS STRUCTURE AND OWNERSHIP AND, IF APPLICABLE, INCORPORATION DOCUMENTS, INCLUDING THE NAMES AND ADDRESSES OF SHAREHOLDERS DEMONSTRATING THE YUKON FILM & SOUND COMMISSION'S SATISFACTION THAT THE COMPANY MEETS ALL COMPANY AND ELIGIBILITY REQUIREMENTS.	<input type="checkbox"/>	<input type="checkbox"/>
A COPY OF THE FINAL AND SHOOTING SCRIPT.	<input type="checkbox"/>	<input type="checkbox"/>
A LIST OF KEY CREATIVE PERSONNEL PROPOSED TO BE ENGAGED FOR THE PROJECT INCLUDING THEIR BIOGRAPHIES AND PRIMARY RESIDENCE ADDRESSES.	<input type="checkbox"/>	<input type="checkbox"/>
DETAILED CAST AND CREW LIST INDICATING CITIZENSHIP & RESIDENCY (IF CLAIMING YUKON RESIDENCY, A VALID YUKON HEALTH CARE NUMBER MUST BE PROVIDED).	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF APPLICATIONS AND COMMITMENT LETTERS FROM ALL FINANCIAL SOURCES (INCLUDING FROM BROADCASTERS AND/OR DISTRIBUTORS).	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTION AND POST-PRODUCTION SCHEDULE INDICATING <b>A</b> ) PRE-PRODUCTION START DATE, <b>B</b> ) DATE AND NUMBER OF SHOOTING DAYS, <b>C</b> ) ALL SHOOTING LOCATIONS (CITY AND COUNTRY), <b>D</b> ) PROJECTED DELIVERY DATES FOR ROUGH CUT, FINE CUT, RELEASE PRINT, AND FINAL AUDITED COST REPORT.	<input type="checkbox"/>	<input type="checkbox"/>
LOCKED, DATED AND SIGNED TOTAL PRODUCTION BUDGET IN TELEFILM FORMAT.	<input type="checkbox"/>	<input type="checkbox"/>
THE YUKON BUDGET IN TELEFILM FORMAT.	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF TITLE DOCUMENTATION	<input type="checkbox"/>	<input type="checkbox"/>
INSURANCE AGREEMENT AND CERTIFICATES	<input type="checkbox"/>	<input type="checkbox"/>
THE FINANCING PLAN, EVIDENCING THE TERMS, CONDITIONS, AND VALUE OF THE FINANCIAL CONTRIBUTIONS.	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF ALL CO-PRODUCTION AGREEMENTS.	<input type="checkbox"/>	<input type="checkbox"/>
DETAILED MARKETING AND DISTRIBUTION PLAN.	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN DEMONSTRATION OF HOW THE PROJECT WILL ACHIEVE ONE OR MORE OF THE STATED OBJECTIVES OF THE FILM PRODUCTION FUND.	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN DEMONSTRATION OF HOW THE APPLICANT PROPOSES TO USE AND / OR DEVELOP YUKON TALENT, PERSONNEL SERVICES AND FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>

## F APPLICANT STATEMENTS

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CO-APPLICANT(S) (IF APPLICABLE) HEREBY:

- AUTHORIZE(S) YUKON GOVERNMENT TO DISCUSS THE APPLICANT'S APPLICATION WITH THE BROADCASTER(S), AUDITOR(S), LEGAL COUNSEL, ACTUAL OR PROPOSED FINANCIER(S) AND INTERIM FINANCIER(S), CAVCO, CRTC, AND ANY OTHER PERSON(S) OR ENTITY(IES) CONNECTED WITH THE APPLICANT(S) APPLICATION OR PROGRAM;
- AUTHORIZE(S) YUKON GOVERNMENT AND TELEFILM CANADA TO COMMUNICATE, EXCHANGE, AND DISCUSS WITH ONE ANOTHER ANY AND ALL INFORMATION AND DOCUMENTATION WHICH RELATES IN ANY WAY TO THE FUNDING APPLICATION FOR THE PROGRAM, THE PRODUCTION OF THE PROGRAM, THE AGREEMENT TO BE EXECUTED WITH THE YPF AND/OR TELEFILM CANADA, THE APPLICANT AND ANY CO-APPLICANTS AND ANY COMPANY WHICH IS RELATED (WITHIN THE MEANING OF CHAPTER 3840 OF THE CANADIAN INSTITUTE OF CHARTERED ACCOUNTANTS HANDBOOK) TO THE APPLICANT OR ANY CO-APPLICANT, AND ANY CURRENT OR PREVIOUSLY COMPLETED PRODUCTION OF THE APPLICANT, CO-APPLICANT OR A COMPANY WHICH IS RELATED (WITHIN THE MEANING OF CHAPTER 3840 OF THE CANADIAN INSTITUTE OF CHARTERED ACCOUNTANTS HANDBOOK) TO THE APPLICANT OR ANY CO-APPLICANT;
- AGREE(S) THAT IT SHALL NOTIFY YUKON GOVERNMENT IMMEDIATELY IF AND WHEN ANY CHANGES OCCUR TO ANY OF THE SUBMITTED DOCUMENTS AND SHALL PROVIDE WRITTEN DETAILS OF SAME;
- AUTHORIZE(S) THE YUKON GOVERNMENT OR ITS AUTHORIZED REPRESENTATIVE(S) TO PERFORM AUDITS OF THE PRODUCTION OF THE PROGRAM;
- DECLARE(S) THAT THE APPLICANT(S) HAS (/HAVE) NOT ENTERED INTO ANY ORAL OR WRITTEN AGREEMENT OR "SIDE DEAL" THAT CONFLICTS WITH ANY OF THE PROVISIONS OF THIS APPLICATION OR THE YPF GUIDELINES;
- DECLARE(S) THAT ALL PERSONS SPECIFIED AS BEING YUKON RESIDENTS IN THE APPLICATION AND ALL ACCOMPANYING DOCUMENTATION, ARE YUKONERS IN ACCORDANCE YUKON FILM & SOUND INCENTIVE PROGRAM POLICY DEFINITIONS;
- HAS/HAVE MADE AND SHALL CONTINUE TO MAKE FULL DISCLOSURE TO YUKON GOVERNMENT OF ANY POTENTIAL LITIGATION THAT IS LIKELY TO JEOPARDIZE THE PROGRAM OR BE DETRIMENTAL TO THE YUKON GOVERNMENT'S INTERESTS;
- DECLARE(S) THAT THE INFORMATION PROVIDED HEREIN AND IN THE ATTACHED DOCUMENTATION IS ACCURATE AND COMPLETE, AND THAT THE APPLICANT AND THE PROGRAM COMPLIES AND WILL CONTINUE TO COMPLY WITH THE FILM PRODUCTION FUND POLICY; AND,
- ACKNOWLEDGE(S) THAT THE YUKON GOVERNMENT HAS FULL DISCRETION IN ADMINISTERING ITS PROGRAMS AND IN THE APPLICATION OF ITS GUIDELINES TO ENSURE THAT ITS FUNDING IS PROVIDED TO THIS PROGRAMS THAT MEET ITS SPIRIT AND INTENT. THE APPLICANT(S) FURTHER ACKNOWLEDGES THAT IN ALL QUESTIONS OF INTERPRETATION OR EITHER THE YPF'S GUIDELINES OR OF THE SPIRIT AND INTENT OF THE FUND, THE YUKON GOVERNMENT'S INTERPRETATION SHALL PREVAIL.

THIS DOCUMENT MUST BE SWORN BY THE APPLICANT AND ALL CO-APPLICANTS BEFORE A COMMISSIONER FOR TAKING OATHS OR A NOTARY PUBLIC. PLEASE ENSURE THAT ALL INSERTIONS ARE LEGIBLE.

THE UNDERSIGNED MAKES THIS SOLOMN DECLARATION CONSCIENTIOUSLY, BELIEVING IT TO BE TRUE, AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

SIGNATURE \_\_\_\_\_  
(I AM DULY AUTHORIZED)

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### **DECLARED BEFORE ME**

IN THE CITY OF \_\_\_\_\_

IN THE PROVINCE OF \_\_\_\_\_

THIS (DAY OF THE MONTH, MONTH, YEAR) \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(I AM DULY AUTHORIZED)

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (COMMISSIONER, ETC)

\_\_\_\_\_  
PRINT NAME