

**GOVERNMENT OF CANADA
Publications Evaluation**

*The applicant must complete **all questions in full** to be considered for the Government of Canada's Cost Guides. Failure to provide all of the information requested may result in the rejection of your publication from the Government of Canada Cost Guides.*

(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:

If no equivalent publication exists in your market, 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: _____

Certification: _____

Controlled distribution: _____ # Of Copies _____

Other (please specify): _____

Central market of distribution: _____

Distribution outside of Canada (please specify market(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):

Editorial Content: _____ Advertisements: _____

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. _____

Rep House Information Request:

Are you represented by a Rep House for advertising space. If so, please fill out the below:

Name of Rep House: _____

Name of Representative and Phone Number: _____

Address: _____

If any changes occur, please advise within 90 days.

In order to be considered for the Government of Canada Cost Guides, please return your completed questionnaire to the following address:

Annie Dubois
National Account Print Supervisor
Cossette Média
200-801, Grande-Allée Ouest
Québec, Québec
G1S 1C1

You must include:

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

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.