



BROADCASTER SUPPORT FORM –TV Program

TO BE COMPLETED BY BROADCASTER

Bell Fund Deadline Date:	
Title of TV Series:	
Broadcaster (Please choose one of the following programs)	
Major Production Funder (Applying under the <i>MPF Envelope Program</i>)	Broadcaster Name:
Private Broadcaster (Applying under the <i>Selective Program</i>)	Broadcaster Name:
Public/Educational Broadcaster (Applying under the <i>Selective Program</i>)	Broadcaster Name:
Broadcast Channel(s):	
Name of Independent Production Company:	
Name of broadcaster affiliated production company, if applicable:	
Genre: (Eligible genres are drama, comedy, lifestyle, & *doc series) *new 2020	
# Episodes: (min 4 for drama and 6 for comedy, lifestyle & doc series)	
Episode Duration: 30-60 min (half hour and one hour)	
Projected Start Date of Production: (Principal photography may have started but may not be completed at time of application deadline)	
Projected End Date of Production:	
Projected Broadcast Date:	
Cavco Points: (8/10 minimum requirement)	
For the <i>Selective Program</i> , a public or private broadcaster may support up to two applications per deadline. (Please note: When there are multiple broadcasters affiliated by ownership to a parent company, the company is only allowed two applications per deadline.)	
This is the first application of this deadline	
This is the second application of this deadline	



BROADCASTER SUPPORT FORM –TV Program

TO BE COMPLETED BY BROADCASTER

FINANCIAL CONTRIBUTION TO TV SERIES BY BROADCASTER & BELL FUND

****Bell Fund Contribution is max 250k per application for drama & comedy and max 150k for lifestyle & documentary series.**

Bell Fund contribution not to exceed 40% of production costs.

Production budget of TV Series:	\$		
TV Licence Fee:	\$	Length of term of TV Licence:	
**Contribution from Bell Fund:	\$		

COMMENTS

BROADCASTER AND APPLICANT DECLARATION

The broadcaster has reviewed and approved the budget and the financing plan submitted with the Bell Fund application for the Television Series.

The Broadcaster authorizes the Applicant to apply to the Bell Fund for the TV Program stipulated at the top of this form (TV Program Selective or TV Program Major Production Funder Envelope).

If applying under the Major Production Funder Envelope TV Program (MPF Envelope): The Broadcaster hereby authorizes the Applicant to apply to the Bell Fund for a portion of the Broadcaster’s Envelope. The amount for which the Applicant is entitled to apply is indicated on this Broadcaster Support Form as the Bell Fund Contribution. The application for the Television Series must be received by Bell Fund by September 30 to remain eligible for Bell Fund funding.

The Broadcaster confirms that its financing of the Television Series is in compliance with the terms and conditions governing the use of its Bell Fund Major Production Funder Envelope.



BROADCASTER SUPPORT FORM –TV Program

TO BE COMPLETED BY BROADCASTER

AGREED AND ACCEPTED BY:

FOR THE BROADCASTER:

Name (please print):		Title:	
Email:		Telephone:	

Signed

Date

FOR THE TV APPLICANT:

Name (please print):		Title:	
Email:		Telephone:	

Signed

Date