

CONVERGENT STREAM 2011-2012 - PRODUCTION ROUGH CUT / BETA VERSION ELIGIBILITY CERTIFICATE

Convergent Project Title: _____ (the "Project")

TV Component Applicant Name: _____ (the "TV Applicant")

TV Component CMF File No.: _____

Digital Media Component* Applicant Name (*if applicable*): _____ (the "DM Applicant")

Digital Media Component* CMF File No. (*if applicable*): _____

(*Includes both Funded Digital Media Components and Non-Funded Digital Media Components. Additionally, if the Convergent Criteria is being met through the TV Component's availability on either of the following: (a) one or more CRTC-licensed video-on-demand services or (b) by a Canadian entity via non-simulcast digital distribution then the Digital Media Component sections of this form do not need to be completed.)

The undersigned authorized representative(s) of the TV Applicant and the DM Applicant (*if applicable*) (and Co-Applicant(s), if applicable) certify(ies) the following:

1. The Project continues to be eligible for CMF funding as it continues to be produced in accordance with all aspects of:
 - (a) the CMF 2011-2012 Guidelines of the applicable Program (the "Guidelines") including, without limitation, the convergence requirement, the applicable genre requirements, the minimum threshold requirements, the Essential Requirements and Sections 3.2 and 3.2.DM of the Guidelines (as applicable to the Project);
 - (b) the applicable CMF Business Policies;
 - (c) all documents, oral and written representations and information given by the TV Applicant and the DM Applicant (*if applicable*) to the CMF in connection with the Project, the 2011-2012 Convergent Stream Production Application Form and the TV Applicant and the DM Applicant (*if applicable*) or its/(their) related parties (the "Application");
 - (d) the financing agreement(s) (*if applicable*) entered into with the CMF regarding the TV Component and the Digital Media Component (*if applicable*) (the "Financing Agreement(s)"); and
 - (e) the financial structure(s) approved by the CMF and attached to the Financing Agreement(s) (the "Financial Structure(s)").
2. No changes have been made to any part of the Application or the Financial Structure(s), except those that have been previously disclosed to and approved by the CMF.
3. The TV Applicant and the DM Applicant (*if applicable*) (and Co-Applicant(s), if applicable) continue(s) to be an eligible applicant(s) for CMF funding, meeting, without limitation, the criteria set out in Section 3.1 of the Guidelines. No changes have been made to the ownership and control structure of the TV Applicant and the DM Applicant (*if applicable*) (and Co-Applicant(s), if applicable), except those that have been previously disclosed to and approved by the CMF.
4. Without limiting the generality of the foregoing, to date, in the production of the Project, there are no material variances: (i) between the actual versus budgeted costs; or (ii) in the relative size of the related party costs.

Canada Media Fund

5. Until completion of the CMF's Phase II review of the Project, if any change should occur which causes any of the foregoing statements to no longer be true, the undersigned will notify the CMF forthwith.

TV APPLICANT:

By signing below, I certify the foregoing to be true and correct on behalf of the TV Applicant (and Co-Applicant(s), if applicable).

Signature:

Signature:

Name: _____

Name: _____

Title: _____

Title: _____

Dated at _____, this ___ day of _____, 201__.

Dated at _____, this ___ day of _____, 201__.

I have the authority to bind the TV Applicant

I have the authority to bind the TV Applicant

DM APPLICANT (if applicable):

By signing below, I certify the foregoing to be true and correct on behalf of the DM Applicant (and Co-Applicant(s), if applicable).

Signature:

Signature:

Name: _____

Name: _____

Title: _____

Title: _____

Dated at _____, this ___ day of _____, 201__.

Dated at _____, this ___ day of _____, 201__.

I have the authority to bind the DM Applicant

I have the authority to bind the DM Applicant

**PLEASE COMPLETE AND RETURN THIS FORM TO YOUR LOCAL OFFICE OF
CMF PROGRAM ADMINISTRATOR I TELEFILM CANADA**