

SUBMISSION FOR COSTS AWARD TO THE BROADCASTING PARTICIPATION FUND (BPF) INC.

FORM 1 - SUMMARY STATEMENT OF FEES AND DISBURSEMENTS

(REVISED JANUARY 2016)

1. APPLICANT INFORMATION

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT CONTACT NAME: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

2. DESCRIPTION OF THE ORGANIZATION

Please provide a description of your organization, including mandate, membership, etc.

3. COST SUBMISSION INFORMATION

CRTC PROCEEDING NUMBER: _____

CRTC PROCEEDING NAME: _____

DID THE APPLICANT REPRESENT OTHER PARTIES (please list):

ARE SIGNED DIRECTION FORMS FROM OTHER REPRESENTED PARTIES INCLUDED:

Yes:

No:

4. RELEVANCE OF YOUR REPRESENTATIONS TO THE PROCEEDING

In order for costs to be eligible for reimbursement, the underlying submission to the CRTC proceeding must have been relevant to the hearing. Please describe why you feel your submission was relevant, including stating the goal of your organization.

5. FEES AND DISBURSEMENTS

| DESCRIPTION | AMOUNT |
|--|---------------|
| LEGAL FEES – per Schedule A | |
| | |
| EXPERT WITNESS FEES – per Schedule B | |
| | |
| CONSULTANT AND ANALYST FEES – per Schedule C | |
| | |
| DISBURSEMENTS - per Schedule D | |
| | |
| TOTAL FEES AND DISBURSEMENTS | |
| | |
| LESS: INTERIM COSTS AWARD | |
| | |
| FINAL FEES AND DISBURSEMENTS | |

6. AFFIDAVIT

Please attach completed and signed Schedule E.

SIGNATURE OF CLAIMANT: _____

DATE: _____