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

# FORM 2 - SUMMARY STATEMENT OF FEES AND DISBURSEMENTS

1.	APPLICANT INFORMATION	
	APPLICANT NAME:	
	APPLICANT ADDRESS:	
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	APPLICANT CONTACT NAME:	
	TELEPHONE NUMBER:	
	FAX NUMBER:	
	E-MAIL ADDRESS:	
2.	DESCRIPTION OF THE ORGANIZA	ATION
		our organization, including mandate, membership, etc.
3.	COST SUBMISSION INFORMATION	DN
	CRTC PROCEEDING NUMBER:	
	CRTC PROCEEDING NAME:	
	DID THE APPLICANT REPRESENT	OTHER PARTIES (please list):
	ARE SIGNED DIRECTION FORMS I	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. INTERIM COST AWARDS

In order for costs to be eligible for reimbursement, the applicant must meet the criteria set out in the Guidelines for Assessment of Costs as amended on December 8, 2015.

- (A) PLEASE DEMONSTRATE THAT YOU DO NOT HAVE SUFFICIENT RESOURCES TO PARTICIPATE EFFECTIVELY IN THE HEARING WITHOUT AN INTERIM COSTS AWARD.
- (B) PLEASE PROVIDE DETAILED ESTIMATES OF COSTS WHERE NECESSARY, AND QUOTATIONS FROM SUPPLIERS OF SERVICES WHERE APPROPRIATE.
- (C) PLEASE PROVIDE THE BPF WITH A QUARTERLY STATUS UPDATE OF YOUR CLAIM.

### 6. 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	-
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### 7. AFFIDAVIT

Please attach completed and signed Schedule I	PΙ	lease	attach	n compl	'eted	' and	signed	' Scl	hedu	le i	Ε.
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SIGNATURE OF CLAIMANT:		
DATE:		