

# Talent to Watch

## Letter of Recommendation – Designated Partner Stream

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**\*\*\*This letter of recommendation must be submitted by the applicant at time of application to the Designated Partner Stream\*\***

Name of the Industry Partner: \_\_\_\_\_

Title of the Project: \_\_\_\_\_

- Component :  Main Component  
 Indigenous Component  
 OLMC Component

### I. ELIGIBILITY OF THE KEY MEMBERS OF THE CREATIVE TEAM

I, the undersigned, confirm that:

1. The key members of the creative team (i.e., producer, director and screenwriter) are emerging talent as defined in the Talent to Watch Program Guidelines.

**AND**

2. The following key members of the creative team are recent alumni<sup>1</sup> who have graduated from the Industry Partner's institution **or** active members<sup>2</sup> of the Industry Partner's cooperative who have participated in training programs and/or initiatives offered by the cooperative **or** if the Designated Partner is a film festival, have participated in an incubator offered by the festival:

(Fill out the table on the next page)

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<sup>1</sup> Recent alumni of a Designated Partner's production program are students who have graduated in the last five years calculated from the date of recommendation to Telefilm under this Program. Telefilm reserves the right to accept, under certain conditions, projects involving graduates who have graduated more than five years ago.

<sup>2</sup> Active members are people who have participated in workshops, programs and/or other training initiatives offered by the cooperative in the last three years calculated from the date of recommendation to Telefilm under this Program.

<p><b>Director</b> <i>(mandatory)</i></p>	<p>Last Name, First Name</p>	<p><input type="checkbox"/> <b>Recent alumni</b> Date of graduation:</p> <p><input type="checkbox"/> <b>Active Member of a COOP</b> Date of most recent participation to the COOP's activities:</p> <p><input type="checkbox"/> <b>Participant in a festival incubator</b> Date of participation in the incubator :</p>
<p><b>Producer</b> <i>(optional)</i></p>	<p>Last Name, First Name</p>	<p><input type="checkbox"/> <b>Recent alumni</b> Date of graduation:</p> <p><input type="checkbox"/> <b>Active Member of a COOP</b> Date of most recent participation to the COOP's activities:</p> <p><input type="checkbox"/> <b>Participant in a festival incubator</b> Date of participation in the incubator:</p>
<p><b>Screenwriter</b> <i>(optional)</i></p>	<p>Last Name, First Name</p>	<p><input type="checkbox"/> <b>Recent alumni</b> Date of graduation:</p> <p><input type="checkbox"/> <b>Active Member of a COOP</b> Date of most recent participation to the COOP's activities:</p> <p><input type="checkbox"/> <b>Participant in a festival incubator</b> Date of participation in the incubator :</p>

If the project is recommended for the OLMC component of the Stream, please complete the following section as well:

*Please choose one of the following options:*

I declare that I have received confirmation from the key members of the creative team that they are Anglophones residing in Quebec and that the project will be written, produced and directed in Quebec.

I declare that I have received confirmation from the key members of the creative team that they are Francophones residing outside of Quebec and that the project will be written, produced and directed outside of Quebec.

## II. RECOMMENDATION

*Please provide a brief explanation why you believe this project meets the objectives of this Program and in particular, how the scope and nature of this project are well positioned for the promotion and distribution of the project on digital platforms.*

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Name of the Partner's authorized representative

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Title

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Signature

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Date