

COMPLETION CERTIFICATE

in respect of the Grant Agreement - **Collective Initiatives** dated the _____ day of _____, 20_____.

(Capitalized terms contained in this certificate which are defined in the aforementioned Grant Agreement have the same meaning as the ascribed to such terms in the agreement)

The undersigned Applicant, hereby certifies that:

- (a) the information contained herein is true, correct and accurate; and
- (b) the Applicant, has incurred or expended an amount equal to the Project Expenses (as defined in the Grant Agreement) specified below solely for the purpose of producing an initiative in accordance with all the information provided in the Application and pursuant to all other terms and conditions of the Agreement.

PLEASE INDICATE A RESPONSE FOR EACH QUESTION

Applicant: _____ Is the Applicant company Profit or Non-profit?

Address: _____ City: _____

Contact Person: _____ Telephone: _____

Province: _____ Postal Code: _____ Company/Organization fiscal year-end?: _____

File # _____

Please indicate which Collective Initiatives Support component(s) are included in this Completion:

- Collective Initiative (BD)
- International Marketing (CIM)
- Minority Language (CML)
- Digital Marketing (CDM)

COLLECTIVE INITIATIVE SUPPORT

The Collective Initiatives component provides funding for Music Conferences and Awards Shows that are provincial, regional, or national in scope and are collaborative in nature, supporting various sectors of the Canadian music industry simultaneously.

File # : **BD-** _____

Name of initiative/event: _____

Date(s) of initiative/event: _____

Project Goals and Expected Results - Please explain in detail how/whether you met the projected goals as outlined in your original application (please note, answers to these questions are **MANDATORY!**):

1. What results were you able to achieve?

2. What, if any, were the unexpected results achieved?

COLLECTIVE INITIATIVE SUPPORT (continued)

(A) Total Revenue for the Event/Initiative: \$ _____

IMPORTANT - Please attach a spreadsheet or list which breaks down the actual revenue for the event/initiative in detail. You must include all relevant revenue sources, including (but not limited to): Membership fees, registration fees, ticket sales, government funding, radio funding, and sponsorship funding, as applicable.

|----- Applicant Use Only -----| |--- FACTOR Use Only ---|

Projected Expenses	Actual Expenses	FACTOR-Approved Expenses
--------------------	-----------------	--------------------------

(B) Budget: _____

IMPORTANT: Please attach a spreadsheet or list which breaks down your actual claimed expenses by category or type of expense. We will not be able to process your completion without this.

(C) Summary:

Total Eligible Budget:	_____	_____
50% of Total Eligible Budget:	_____	_____
Plus Administration Fee:	_____	_____

(Administration fee is allowable to a maximum of 15% of your Total Budget. If you have claimed administrative costs in your budget (B), you are not eligible for the administration fee.)

= (D) Total Request From FACTOR: _____

- FACTOR use only -

Original Offer Amount for Collective Initiatives segment:	_____	_____
FACTOR's Contribution - not to exceed Offer amount or (D):	_____	_____
Minus Advance Payment:	-	-
= Final Payment:	_____	_____

VARIANCE REPORT: If there were variances between your projected (original budget) revenue/expenses and the actual revenue/expenses, please take the time to explain them in detail here. This will assist us in understanding the necessity and eligibility of an expense variance:

(A) Revenue: _____

(B) Expenses: _____

COLLECTIVE INITIATIVE SUPPORT (continued)

REQUIRED ITEMS - Please be sure that the following items are included in your package to FACTOR. Failure to include these required items could result in a delay or denial of payment.

- 1) A fully completed and signed copy of this Completion Certificate.
- 2) Two sets (original and a photocopy) of ALL expense invoices, receipts and proof of the payments (eg. cancelled cheques, bank drafts, Visa/Mastercard receipts, etc. Note: cash payments are NOT acceptable). ORGANIZATION IS KEY! - Please separate the invoices & proofs of payments for this grant file out from the invoices & proofs of payment for any other Collective Initiative segment(s) for which you are receiving funding. Put a cover sheet on the top of each segment, indicating to us which invoice(s) belong to which segment(s). Within the segments, separate the originals from the photocopies, into 2 stacks. The originals will be returned to you with the final payment.
- 3) A full report of the initiative, specific to the Collective Initiative Music Conference and/or Award Show for this file.
- 4) Press Clippings (if applicable).
- 5) Financials or Balance Statement, specific to the Collective Initiative Music Conference and/or Award Show for this file.

MINORITY LANGUAGE SUPPORT

The Minority Language component provides funding for showcases that give artists from Official Language Minority Communities (OLMC) access to a larger audience through local, regional, national or international showcases.

File # : CML - _____ (please note, answers to the following questions are **MANDATORY!**):

Name of initiative/event: _____

Date(s) of initiative/event: _____

Total number of Showcasing opportunities for Quebec Anglophone (OLMC) artists at the initiative/event: _____

Total number of eligible Quebec Anglophone (OLMC) artists participating: _____

Please list all Quebec Anglophone (OLMC) artists that performed at the initiative/event: _____

Details on Audience Attendance specific to OLMC artists (scale, # of attendees, attendance record vs. prior year): _____

MINORITY LANGUAGE SUPPORT (continued)

Number of Industry Professionals in attendance: _____

Please list key industry professionals who attended the showcases:

(Name)	(Company)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Was the event Broadcast (radio, TV, Internet)?: No Yes

If yes, where?: _____

What was the audience exposure (both # and locale) of these broadcast(s): _____

Impact and Results - Please explain in detail how the projected goals of the initiative/event compared to the actual results; provide details of unexpected results, notable occurrences or achievements:

Impact on participating Quebec Anglophone (OLMC) artists - tell us about some of the artist success stories that resulted from this initiative/event. Please include artist testimonials regarding the impact of this funding on the artists' careers (you may attach a separate page if needed): _____

(A) Total Revenue for the Event/Initiative: \$ _____

IMPORTANT - Please attach a spreadsheet or list which breaks down the actual revenue for the event/initiative in detail. You must include all relevant revenue sources, including (but not limited to): Membership fees, registration fees, ticket sales, government funding, radio funding, and sponsorship funding, as applicable.

MINORITY LANGUAGE SUPPORT (continued)

|----- Applicant Use Only -----| |--- FACTOR Use Only ---|

Projected Expenses

Actual Expenses

FACTOR-Approved Expenses

(B) Budget:

IMPORTANT: Please attach a list or spreadsheet which breaks down your actual claimed expenses by category or type of expense. We will not be able to process your completion without this.

(C) Summary:

Total Eligible Budget: _____

50% of Total Eligible Budget: _____

Plus Administration Fee: _____

(Administration fee is allowable to a maximum of 15% of your Total Budget. If you have claimed administrative costs in your budget (B), you are not eligible for the administration fee.)

= (D) Total Request From FACTOR:

- FACTOR use only -

Original Offer Amount for Minority Language segment: _____

FACTOR's Contribution - not to exceed Offer amount or (D): _____

Minus Advance Payment: - _____

= Final Payment: _____

VARIANCE REPORT: If there were variances between your projected (original budget) revenue/expenses and the actual revenue/expenses, please take the time to explain them in detail here. This will assist us in understanding the necessity and eligibility of an expense variance:

(A) Revenue: _____

(B) Expenses: _____

MINORITY LANGUAGE SUPPORT (continued)

REQUIRED ITEMS - Please be sure that the following items are included in your package to FACTOR. Failure to include these required items could result in a delay or denial of payment.

- 1) A fully completed and signed copy of this Completion Certificate.
- 2) Two sets (original and a photocopy) of ALL expense invoices, receipts and proof of the payments (eg. cancelled cheques, bank drafts, Visa/Mastercard receipts, etc. Note: cash payments are NOT acceptable). ORGANIZATION IS KEY! - Please separate the invoices & proofs of payments for this grant file out from the invoices & proofs of payment for any other Collective Initiative segment(s) for which you are receiving funding. Put a cover sheet on the top of each segment, indicating to us which invoice(s) belong to which segment(s). Within the segments, separate the originals from the photocopies, into 2 stacks. The originals will be returned to you with the final payment.
- 3) A full report of the initiative, specific to the Minority Language Music Showcases initiative/event for this file.
- 4) Press Clippings (if applicable).
- 5) Financials or Balance Statement, preferably specific to the Minority Language Music Showcases initiative/event for this file.

INTERNATIONAL MARKETING SUPPORT

The International Marketing component provides funding for international marketing development initiatives for Export Ready Canadian talent, that will result in increased access to Canadian music around the world.

File # : CIM - _____

Name of initiative/event: _____

Date(s) of initiative/event: _____

Total number of Showcasing opportunities for Export Ready Canadian artists at the initiative/event: _____

Total number of Export Ready Canadian artists participating: _____

Please list all Export Ready Canadian artists that performed at the initiative/event: _____

Details on Audience Attendance specific to Export Ready artists (scale, # of attendees, attendance record vs. prior year): _

Number of Industry Professionals in attendance: _____

Please list key industry professionals who attended the showcases (please attach additional pages if necessary):

(Name)	(Company)
_____	_____
_____	_____
_____	_____
_____	_____

INTERNATIONAL MARKETING SUPPORT (continued)

Was the event Broadcast (radio, TV, Internet)?: No Yes

If yes, where?: _____

What was the audience exposure (both # and locale) of these broadcast(s): _____

Impact and Results - Please provide details on how the projected goals of the initiative/event compared to the actual results; elaborate on any unexpected results: _____

Impact on participating artists - tell us about some of the artist success stories that resulted from this initiative/event, such as new international distribution, management or licensing deals, tour or festival bookings, media coverage, etc. Please include artist testimonials regarding the impact of this funding (you may attach a separate page if needed): _____

(A) Total Revenue for the Event/Initiative: \$ _____

IMPORTANT - Please attach a spreadsheet or list which breaks down the actual revenue for the event/initiative in detail. You must include all relevant revenue sources, including (but not limited to): Membership fees, registration fees, ticket sales, government funding, radio funding, and sponsorship funding, as applicable.

|----- Applicant Use Only -----| |--- FACTOR Use Only ---|

Projected Expenses

Actual Expenses

FACTOR-Approved Expenses

(B) Budget: _____

IMPORTANT: Please attach a list or spreadsheet which breaks down your actual claimed expenses by category or type of expense. We will not be able to process your completion without this.

(C) Summary:

Total Eligible Budget: _____

50% of Total Eligible Budget: _____

Plus Administration Fee: _____

(Administration fee is allowable to a maximum of 15% of your Total Budget. If you have claimed administrative costs in your budget (B), you are not eligible for the administration fee.)

= (D) Total Request From FACTOR: _____

INTERNATIONAL MARKETING SUPPORT (continued)

- FACTOR use only -

Original Offer Amount for International Marketing segment: _____

FACTOR's Contribution - not to exceed Offer amount or (D): _____

Minus Advance Payment: - _____ - _____

= Final Payment: _____

VARIANCE REPORT: If there were variances between your projected (original budget) revenue/expenses and the actual revenue/expenses, please take the time to explain them in detail here. This will assist us in understanding the necessity and eligibility of an expense variance:

(A) Revenue: _____

(B) Expenses: _____

REQUIRED ITEMS - Please be sure that the following items are included in your package to FACTOR. Failure to include these required items could result in a delay or denial of payment.

- 1) A fully completed and signed copy of this Completion Certificate.
- 2) Two sets (original and a photocopy) of ALL expense invoices, receipts and proof of the payments (eg. cancelled cheques, bank drafts, Visa/Mastercard receipts, etc. Note: cash payments are NOT acceptable). ORGANIZATION IS KEY! - Please separate the invoices & proofs of payments for this grant file out from the invoices & proofs of payment for any other Collective Initiative segment(s) for which you are receiving funding. Put a cover sheet on the top of each segment, indicating to us which invoice(s) belong to which segment(s). Within the segments, separate the originals from the photocopies, into 2 stacks. The originals will be returned to you with the final payment.
- 3) A full report of the initiative, specific to the International Marketing for Export Ready Canadian Artists initiative/event for this file.
- 4) Press Clippings (if applicable).
- 5) Financials or Balance Statement, specific to the International Marketing for Export Ready Canadian Artists initiative/event for this file.

DIGITAL MARKETING SUPPORT

The Digital Marketing component provides funding for the marketing of Canadian music on Digital Platforms.

File # : CDM - _____

Name of initiative: _____ **Date(s) of initiative:** _____

Please list the names of all Artists and Albums that were supported through this initiative. Please be sure to note all copyright owners: _____

DIGITAL MARKETING SUPPORT (continued)

How many project(s) were undertaken for this initiative? _____ Please describe all project(s) in detail: _____

Impact and Results - Please provide details on how the projected goals of the initiative compared to the actual results; elaborate on any unexpected results that have been generated as a result of this digital marketing initiative: _____

Impact on participating artist(s) and company(s) - tell us about some of the specific successes that the initiative has generated. Please include testimonials regarding the impact of this funding (you may attach a separate page if needed): _____

Specific success indicators - tell us about the impact of the initiative, and provide examples, specific to the following (you may attach a separate page if needed):

1. Increase in on-line visibility and access to music content: _____

2. Increase in digital music sales, concert ticket sales, or other ancillary products/exposure: _____

3. Interviews and other press directly resulting from the project (attach press samples if available): _____

(A) Total Revenue for the Event/Initiative: \$ _____

IMPORTANT - Please attach a spreadsheet or list which breaks down the actual revenue for the initiative in detail. You must include all relevant revenue sources, including (but not limited to): Sales revenue, membership fees, government funding, radio funding, and sponsorship funding, as applicable.

|----- Applicant Use Only -----| |--- FACTOR Use Only ---|

Projected Expenses	Actual Expenses	FACTOR-Approved Expenses
--------------------	-----------------	--------------------------

(B) Budget: _____

IMPORTANT: Please attach a list or spreadsheet which breaks down your actual claimed expenses by category or type of expense. We will not be able to process your completion without this.

(C) Summary:

Total Eligible Budget: _____

50% of Total Eligible Budget: _____

Plus Administration Fee: _____

(Administration fee is allowable to a maximum of 15% of your Total Budget. If you have claimed administrative costs in your budget (B), you are not eligible for the administration fee.)

= (D) Total Request From FACTOR: _____

DIGITAL MARKETING SUPPORT (continued)

- FACTOR use only -

Original Offer Amount for Digital Marketing segment: _____

FACTOR's Contribution - not to exceed Offer amount or (D): _____

Minus Advance Payment: - _____ - _____

= Final Payment: _____

VARIANCE REPORT: If there were variances between your projected (original budget) revenue/expenses and the actual revenue/expenses, please take the time to explain them in detail here. This will assist us in understanding the necessity of an expense variance:

(A) Revenue: _____

(B) Expenses: _____

REQUIRED ITEMS - Please be sure that the following items are included in your package to FACTOR. Failure to include these required items could result in a delay or denial of payment.

- 1) A fully completed and signed copy of this Completion Certificate.
- 2) Two sets (original and a photocopy) of ALL expense invoices, receipts and proof of the payments (eg. cancelled cheques, bank drafts, Visa/Mastercard receipts, etc. Note: cash payments are NOT acceptable). ORGANIZATION IS KEY! - Please separate the invoices & proofs of payments for this grant file out from the invoices & proofs of payment for any other Collective Initiative segment(s) for which you are receiving funding. Put a cover sheet on the top of each segment, indicating to us which invoice(s) belong to which segment(s). Within the segments, separate the originals from the photocopies, into 2 stacks. The originals will be returned to you with the final payment.
- 3) A full report of the initiative, specific to the Digital Marketing initiative/event for this file.
- 4) Press Clippings (if applicable).
- 5) Financials or Balance Statement, specific to the Digital Marketing initiative/event for this file.

REQUIRED SIGNATURES FOR ALL SEGMENTS

Please note that incomplete forms that are not signed, witnessed or missing documentation will delay the release of the final payment.

This Completion Certificate is dated the _____ of _____, 20_____

 (Name of Recipient)

 (Authorized Signature)

 Witness

 (Name and Title of Signatory)