

COMPLETION CERTIFICATE

in respect of the loan Agreement - **FACTOR Sound Recording Loan** dated the _____ day of _____, 20____.

The undersigned, the Borrower, hereby certifies that:

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

PROVIDE A RESPONSE FOR EACH QUESTION

Copy of Master Attached? Yes No If no, please explain why on an attached document.

File #: _____ Musical Genre: _____

Label: _____ Distributor: _____

Projected Release Date: _____ Instrumental? Yes No

Borrower Name: _____

Social Insurance #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Artist Name: _____ Social Insurance #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Manager Name: _____

Address : _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Contributions By Others

Indicate below actual dollar contributions made toward the production or any costs covered by companies and/or individuals and indicate whether any of these contributions will be recouped by the respective contributors.

Source of Funding:	Amount	Government or Radio	
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total:	\$ _____		

Production Information (Attach additional pages if more than one supplier per category applies.)

Producer: _____

Social Insurance#: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Engineer: _____

Social Insurance#: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Arranger: _____

Social Insurance#: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Programmer: _____

Social Insurance #: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Studio Information (Attach additional pages if more than one studio in each category was used.)

Pre-Production Studio: _____

Studio Rate: Hourly: \$ _____ Daily: \$ _____

Studio Contact Name: _____

Address _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Recording Studio: _____

Studio Rate: Hourly: \$ _____ Daily: \$ _____

Studio Contact Name: _____

Address _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Mixing Studio: _____

Studio Rate: Hourly: \$ _____ Daily: \$ _____

Studio Contact Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Mastering Studio: _____

Studio Rate: Hourly: \$ _____ Daily: \$ _____

Studio Contact Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Musicians (Attach additional pages if necessary)

1) Name: _____ Royalty Performer: Yes No
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

2) Name: _____ Royalty Performer: Yes No
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

3) Name: _____ Royalty Performer: Yes No
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

4) Name: _____ Royalty Performer: Yes No
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

Singers

5) Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

6) Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

7) Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

8) Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone #: _____ SIN #: _____
 Session Dates: _____

Song Titles <i>(Please attach additional pages if necessary)</i>	*M	A	P	L	Original Material	
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***MAPL denotes:**
(Indicate with an "x" where applicable)

- M** Music is written by a Canadian
- A** Artist is a Canadian
- P** Material is produced/recorded in Canada
- L** Lyric is written by a Canadian

Please provide the information for each of the songs noted under Song Titles: *(Please attach additional pages if necessary)*

Song 1) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 2) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 3) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 4) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 5) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 6) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 7) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 8) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 9) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____
Song 10) Composer: _____	Address _____	Prov _____
Publisher: _____	Address _____	Prov _____

Studio Work Log (Mandatory! - you may also include this as an attachment)

Studio Name	Recording Date	Time of Recording	Artist/Songwriter Signature	Engineer/Producer Signature
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

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

|- FACTOR Use Only -|

Production Costs:	Projected Cash Expenditure	Actual Cash Expenditure	Approved Costs
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(A) Pre-Production

Facility Name: _____

Facility Costs:	_____	_____	_____
Rentals:	_____	_____	_____
Fees:	_____	_____	_____
Misc.:	_____	_____	_____

Section A Totals: _____

(B) Licensing Fee (Only Claimable if Approved on Original Budget - you MUST include a copy of the FINAL, signed Licensing Agreement)

(C) Production

Studio Name: _____
(please be sure include an original signed Schedule E for your Production Studio Cost!)

Studio Costs:	_____	_____	_____
CDR's, Tapes, Supplies	_____	_____	_____
Programmer:	_____	_____	_____
Arranger:	_____	_____	_____
Musicians: Leader:	_____	_____	_____
Players:	_____	_____	_____
Singers:	_____	_____	_____

Engineer:	_____	_____	_____
Rentals:	_____	_____	_____
Misc:	_____	_____	_____

Section C Totals: _____

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Production Costs:	Projected Cash Expenditure	Actual Cash Expenditure	Approved Costs
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(D) Mixing

Studio Name: _____
(Please be sure to include an original signed Schedule E for your Mixing Studio Costs!)

Studio Costs:	_____	_____	_____
Engineer:	_____	_____	_____
Rentals:	_____	_____	_____
CDR's, Tapes, Supplies:	_____	_____	_____
Misc.:	_____	_____	_____
Section D Totals:	_____	_____	_____

(E) Producer's Fees & Expenses

(Please be sure to include an original signed Schedule E for your Producer's Fees Costs!)

Producer's Fee:	_____	_____	_____
Misc:	_____	_____	_____
Section E Totals:	_____	_____	_____

(F) Mastering

Facility Name : _____
(Please be sure to include an original signed Schedule E for your Mastering Costs!)

Facility Costs:	_____	_____	_____
Tapes/Refs/Masters:	_____	_____	_____
Section F Totals:	_____	_____	_____

(G) Graphics

All inclusive fee	_____	_____	_____
OR			
Creative Artwork	_____	_____	_____
Photography	_____	_____	_____
Layout	_____	_____	_____
Colour Separations	_____	_____	_____
Section G Totals:	_____	_____	_____

(H) CD-Rom / Enhanced CD

All inclusive fee	_____	_____	_____
OR			
Software	_____	_____	_____
Digital Scanning	_____	_____	_____
Programming	_____	_____	_____
Graphics	_____	_____	_____
Section H Totals:	_____	_____	_____

****If Production Expenses included DVD Production, please insert the budget page from a FACTOR video Completion Certificate and include the original plus one copy of the Production invoice, accompanied by the proof of payment. Please indicate costs on page 4 under Miscellaneous Costs in Section C.****

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	Projected Cash Expenditure	Actual Cash Expenditure	Approved Costs
(A) Pre-Production Totals:	_____	_____	_____
(B) Licensing Fee Totals:	_____	_____	_____
(C) Production Totals:	_____	_____	_____
(D) Mixing Totals:	_____	_____	_____
(E) Producer's Totals:	_____	_____	_____
(F) Mastering Totals:	_____	_____	_____
(G) Graphics Totals:	_____	_____	_____
(H) CD-Rom/Enhanced Totals:	_____	_____	_____
Total Eligible Budget: (A+B+C+D+E+F+G+H)	_____	_____	_____
____%** of Total Eligible Budget:	_____	_____	_____
<i>** (Please use the percentage rate you were approved for on your original application budget - 50% or 75%).</i>			
+ Administrative Fee (15% of Total Eligible Budget, up to a maximum \$1,500 flat fee):	_____	_____	_____
=Total Request from FACTOR:	_____	_____	_____

FACTOR USE ONLY

Amount Offered By FACTOR	\$ _____
Approved ____% of Total Eligible Budget + Admin	\$ _____
FACTOR's Contribution	\$ _____
Less Advance Payment	\$ _____
Less Interim Payment	\$ _____
Final Payment	\$ _____

Please make sure the following items are included in your package to FACTOR:

- This completed, signed and dated Completion Certificate.
- A CD copy of the finished master.
- Lyric sheets for each song recorded.
- Two sets (original and a photocopy) of all invoices, receipts and proofs of payments (eg. cancelled cheques, bank drafts, visa receipts, etc.). **PLEASE SEPARATE THE ORIGINALS AND PHOTOCOPIES INTO SEPARATE STACKS!** The original documents will be returned to you with your final payment.
- Required **“Schedule E - Suppliers Declaration and Undertaking”** (with original signatures). Schedule E’s are required for the following expense claims: Production Studio, Producer, Mixer, Masterer. A blank copy of the Schedule E can be downloaded from the FACTOR website (www.factor.ca)
- Written response to following 2 **Project Goals and Expected Results** follow-up questions (you may also include this as an attachment).

Please explain in detail whether you met the projected goals and results as outlined in your original application:

1. What results were you able to achieve?

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

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)

VARIANCE REPORT

Please take the time to explain in detail under each individual item why there was a difference between the projected costs and the actual costs. Please attach additional pages if necessary.

Pre-Production : _____

Licensing Fee : _____

Production : _____

Mixing : _____

Producer : _____

Mastering : _____

Graphics : _____

CD-Rom / Enhanced CD : _____

