

COMPLETION CERTIFICATE

In respects of the grant Agreement - **FACTOR Domestic/International Tour Support Program** dated the ___ day of ____, 20__

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 determined in the Contribution Agreement) as specified below solely for the purpose of executing a Domestic/International Tour 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 EVERY QUESTION

File #: _____ Applicant: _____

Artist: _____ Territory (if applicable): _____

Tour Start Date: _____ Tour End Date: _____

****Please attach a copy of the tour itinerary.****

Total Number of Shows: _____ Album Supported: _____

Agent: _____ Promoter: _____

Release Dates in Territories Toured: _____

Territories Toured: _____

Contributions by others:

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

		Government or Radio		Recoupable	
Artist(s)	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Record companies	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Publishers	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promoters	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate sponsors	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Government	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radio Starmaker Fund	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total	\$ _____				

Itinerary, revenue documentation and flyers/posters outlining the tour dates must be submitted with this completion certificate.

Royalty Performers

1) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

2) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

3) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

4) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

Hired Musicians

1) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

2) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

3) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

4) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____
 Royalty Performer: Yes No

Road Crew

1) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____

2) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____

3) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____

4) Name: _____
 Address: _____
 City: _____
 Prov: _____ P.Code _____
 Telephone #: _____
 Social Insurance #: _____ - _____ - _____

(If required please attach an additional list of Musicians and Road Crew using the same format as above)

TOTAL COST SUMMARY FORM

Artist: _____ File # _____

Only costs listed on the original application will be recognized by FACTOR. A maximum of 15% of the total eligible budget may be claimed under PRE-TOUR Expenses.

Budget Breakdown |----- Applicant Use Only -----| |--- FACTOR Use Only ---|

Expenses	Projected Cash Expenditure	Projected Donated Services	Actual Cash Expenditure	Actual Donated Services	Approved Costs	Donated Services
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(A) Pre-Tour Expenses

A maximum of 15% of the total eligible budget may be claimed under Pre-Tour Expenses.

Rehearsal Space	_____	[N/A]	_____	[N/A]	_____	[N/A]
SoundScan Subscription	_____	[N/A]	_____	[N/A]	_____	[N/A]
Phone/Fax *Chargeable calls only	_____	[N/A]	_____	[N/A]	_____	[N/A]
Courier/Mail *Packages to FACTOR N/E	_____	[N/A]	_____	[N/A]	_____	[N/A]
Pre-Tour Totals :	_____	[N/A]	_____	[N/A]	_____	[N/A]

(B) Fees/Commissions

Artists (Royalty Performers)	_____	_____	_____	_____	_____	_____
Hired Musicians	_____	_____	_____	_____	_____	_____
Road Crew	_____	_____	_____	_____	_____	_____
Casual Labour / Techs	_____	_____	_____	_____	_____	_____
Driver(s)/Wages	_____	[N/A]	_____	[N/A]	_____	[N/A]
Per Diems	_____	[N/A]	_____	[N/A]	_____	[N/A]
Agency	_____	[N/A]	_____	[N/A]	_____	[N/A]
Management	_____	[N/A]	_____	[N/A]	_____	[N/A]
Publicist	_____	[N/A]	_____	[N/A]	_____	[N/A]
Fees/Comm. Totals :	_____	_____	_____	_____	_____	_____

TOTAL COST SUMMARY FORM

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

Budget Breakdown	Projected Cash Expenditure	Projected Donated Services	Actual Cash Expenditure	Actual Donated Services	Approved Costs	Donated Services
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(C) Tour Expenses

Vehicle Rental Costs	_____	[N/A]	_____	[N/A]	_____	[N/A]
\$0.36 per km	_____	[N/A]	_____	[N/A]	_____	[N/A]

(You must supply a personal vehicle log to claim mileage. A blank sample is available on the FACTOR website. Additional fuel costs are ineligible.)

Ground Transportation	_____	[N/A]	_____	[N/A]	_____	[N/A]
Advertising/Promo	_____	[N/A]	_____	[N/A]	_____	[N/A]

Merchandise - FACTOR will only recognize the manufacturing cost of the goods you sold and are claiming under "revenue". You must include manufacturing receipts which show your "per unit" cost for each:

T-Shirts # _____ @ \$ _____ = _____
 Hats # _____ @ \$ _____ = _____
 CD's # _____ @ \$ _____ = _____
 Other # _____ @ \$ _____ = _____

(Specify "other"): _____ ↓ Merch Total ↓

Total Merchandise	_____	[N/A]	_____	[N/A]	_____	[N/A]
Musical Accessories & Repairs	_____	[N/A]	_____	[N/A]	_____	[N/A]
Equipment Rentals	_____	[N/A]	_____	[N/A]	_____	[N/A]
Equipment Purchase (10%)	_____	[N/A]	_____	[N/A]	_____	[N/A]
Sound Reinforcement	_____	[N/A]	_____	[N/A]	_____	[N/A]
Lighting	_____	[N/A]	_____	[N/A]	_____	[N/A]
Bonds/Carnets	_____	[N/A]	_____	[N/A]	_____	[N/A]
Insurance	_____	[N/A]	_____	[N/A]	_____	[N/A]
Travel/Airfare	_____	[N/A]	_____	[N/A]	_____	[N/A]
Freight/Cargo	_____	[N/A]	_____	[N/A]	_____	[N/A]
Hotel/Accommodations	_____	[N/A]	_____	[N/A]	_____	[N/A]
Tour Expense Totals :	_____	[N/A]	_____	[N/A]	_____	[N/A]

(D) General Expenses

Phone/Fax/Internet	_____	[N/A]	_____	[N/A]	_____	[N/A]
AF of M Performance Dues Payable (International Tours Only)	_____	[N/A]	_____	[N/A]	_____	[N/A]
Supplies (Specify)	_____	[N/A]	_____	[N/A]	_____	[N/A]

General Totals :	_____	[N/A]	_____	[N/A]	_____	[N/A]
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Budget Summary

Revenue (show in Canadian Dollars only) - you MUST complete the revenue table below (even if zero), or your paperwork cannot be processed.

Merchandise sold:

T-Shirts # _____ @ \$ _____ = _____
 Hats # _____ @ \$ _____ = _____
 CDs # _____ @ \$ _____ = _____
 Other # _____ @ \$ _____ = _____
 (Specify other): _____

Total Merch Revenue _____
Gross Performance Income _____
REVENUE TOTAL _____

Budget Summary:	Applicant Use Only				FACTOR Use Only	
	Projected Cash Expenditure	Projected Donated Services	Actual Cash Expenditure	Actual Donated Services	Approved Costs	Donated Services
(A) Pre-Tour Expenses	_____	[N/A]	_____	[N/A]	_____	_____
(B) Fees/Commissions	_____	_____	_____	_____	_____	_____
(C) Tour Expenses	_____	[N/A]	_____	[N/A]	_____	_____
(D) General Expenses	_____	[N/A]	_____	[N/A]	_____	_____
Budget Sub-Total (A+B+C+D)	_____ ↘	_____ ↙	_____ ↘	_____ ↙	_____ ↘	_____ ↙
Total Eligible Expenses (Cash Expenditure + Donated Services)	_____		_____		_____	
	75% of Total Eligible Expenses =		_____ (1)		_____ (1)	
	Showcase Shortfall (actual cash expenditure minus revenue) =		_____ (2)		_____ (2)	
	Lesser of (1) or (2) above =		_____ (3)		_____ (3)	
	+ Administrative Fee (15% of line (3) above, up to \$1500 maximum): +				_____	
	= Request From FACTOR (cannot exceed your original offer):				_____	

FACTOR USE ONLY

AMOUNT OFFERED BY FACTOR	\$ _____
75% OF TOTAL ELIGIBLE BUDGET + Admin	\$ _____
Shortfall + Admin	\$ _____
FACTOR's Contribution	\$ _____
LESS ADVANCE	\$ _____
LESS INTERIM PAYMENT	\$ _____
FINAL PAYMENT	\$ _____

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

- A completed and signed Tour Support Completion Certificate (including a summarized statement of tour costs and revenue by country (if applicable) and category.
- Two sets (1 original and 1 photocopied) of all expense invoices/receipts and proof of the payments. PLEASE SEPARATE THE ORIGINALS AND PHOTOCOPIES INTO 2 SEPARATE STACKS! The originals will be returned to you with the final payment.
- A copy of the final tour itinerary.
- Copies of the agency settlement sheet and/or venue contracts showing revenue earned from the tour, including merchandise revenue.
- Samples of the following: flyers, posters or programs, consumer advertisements or ticket samples.
- A list of all band members, crew, managers, etc. that were involved with the tour, including their social insurance numbers.
- Written Response to the 2 **Project Goals and Expected Results** Follow-Up questions below. You may attach a separate sheet if needed.

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.

If there are differences between your projected costs and your actual costs, please take the time to fill out the attached variance report. Failure to complete this form will delay the processing of your payment.

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

(Name of Applicant)

(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.

Production Costs

Reason for difference

Pre-Tour

Rehearsal Space	_____
SoundScan Subscripton	_____
Phone/Fax	_____
Courier/Mail	_____

Fees/Commissions

Artists (Royalty Performers)	_____
Hired Musicians	_____
Road Crew	_____
Casual Labour / Technicians	_____
Driver(s)/Wages	_____
Per Diems	_____
Agency	_____
Management	_____
Publicist	_____

Tour

Vehicle Rental Costs	_____
Ground Transportation	_____
\$0.36per km x _____ km	_____
Advertising/Promo	_____
Merchandise	_____
Musical Accessories/Repairs	_____
Equipment Rentals	_____
Equipment Purchase (10%)	_____
Sound Reinforcement	_____
Lighting	_____
Bonds/Carnets	_____
Insurance	_____
Travel/Airfare	_____
Freight/Cargo	_____
Hotel Accomodations	_____

General

Phone/Fax/Internet	_____
AF of M Performance Dues Payable	_____
Supplies	_____