

## COMPLETION CERTIFICATE

in respect of the Grant Agreement - **Music Video** dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The undersigned, the 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 Production Costs (as defined in the Grant Agreement) as specified below solely for the purpose of producing a Video 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

Applicant: \_\_\_\_\_ File #: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Artist/Group Name: \_\_\_\_\_

Dates of shoot: \_\_\_\_\_

Name of song: \_\_\_\_\_

Canadian content:  Music  Artist  Production  Lyrics

Composer name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Name of record label: \_\_\_\_\_ Distributor: \_\_\_\_\_

Master recording ownership: \_\_\_\_\_ Canadian?  Yes  No

Video copyright ownership: \_\_\_\_\_ Canadian?  Yes  No

Release date of the sound recording: \_\_\_\_\_

Release date of single: \_\_\_\_\_ First video air date: \_\_\_\_\_

Did you receive assistance from FACTOR for the sound recording?:  Yes  No

Did you receive assistance from VideoFACT for this video?:  Yes\*  No

(\*IF YES, YOU MUST INDICATE THE AMOUNT OF VIDEO FUNDING RECEIVED BELOW) -

#### Contribution By Others:

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

#### Production company:

*\*\*If using a Production Company, please submit the final invoice, proof of payment and a Schedule E as cost documentation.*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

#### Post-production facilities/company:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Production Information:**

Producer: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Writer(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Art Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Editor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Camera Operator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cinematographer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Musicians:** (Please attach additional pages if necessary)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Actors/Dancers:** (Please attach additional pages if necessary)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_



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

	Projected Cash Expenditure	Projected Donated Services	Actual Cash Expenditure	Actual Donated Services	Approved Costs	Donated Services
<b>Budget Sub-Totals:</b> (From previous page)	_____	_____	_____	<i>max. 25% of actual cash expenditure</i>	_____	<i>max. 25% approved cash expenditure</i>
<b>Total Eligible Budget (Cash Expenditure + Donated Services):</b>	_____		_____		_____	_____
<b>+ Administrative Fee (15% of Total Eligible Budget line above, up to the maximum flat fee approved in your original budget):</b>	_____		_____		_____	_____
<b>= Total Request From FACTOR:</b>	_____		_____		_____	_____

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<b>Amount Offered by FACTOR</b>	\$ _____
<b>75% of Total Eligible Budget, Plus Admin</b>	\$ _____
<b>FACTOR's Contribution</b>	\$ _____
<b>Advance</b>	\$ _____
<b>Final Payment</b> (not to exceed amount offered)	\$ _____

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

- A completed and signed Completion Certificate.
- Two sets (original and a photocopy) of all expense invoices, receipts and proof of the payments (eg. cancelled cheques, bank drafts, Mastercard, Visa receipts, etc.) The originals will be returned to you with the final payment. In the case where a Production Company has been used, one final invoice and proof of payment is required as cost documentation.
- A DVD copy of the finished video master.
- A copy of the sound recording which the video supports or evidence satisfactory to FACTOR indicating that a release of the song has occurred.
- Original signature **Schedule E - Suppliers Declaration and Undertaking** (signed by Producer / Production Company).
- Written response to 2 **Project Goals and Expected Results** follow-up questions below (you may use a typed attachment).  
Please explain in detail whether the project 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?

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.

<b>Production Costs</b>	<b>Reason for difference</b>
<b>Performance Fee :</b>	_____
<b>Pre-Production :</b>	_____
<b>Location Rental :</b>	_____
<b>Director :</b>	_____
<b>Assistant Director :</b>	_____
<b>Producer/Prod. Mgr. :</b>	_____
<b>Production Assistant :</b>	_____
<b>Writer :</b>	_____
<b>Cinematographer :</b>	_____
<b>Camera Assistant :</b>	_____
<b>Crew :</b>	_____
<b>Gaffer :</b>	_____
<b>Grip Package :</b>	_____
<b>Lighting Package :</b>	_____
<b>Sound Package :</b>	_____
<b>Camera Package :</b>	_____
<b>Actors/Dancers :</b>	_____
<b>Set Design :</b>	_____
<b>Props :</b>	_____
<b>Art Director :</b>	_____
<b>Art Direction Supplies :</b>	_____
<b>Transportation :</b>	_____
<b>Driver :</b>	_____
<b>Make-Up/Hair/Etc :</b>	_____
<b>Editor :</b>	_____
<b>Editing Facility :</b>	_____
<b>On-Line &amp; Transfer :</b>	_____
<b>Film Stock :</b>	_____
<b>Processing/Cleaning :</b>	_____
<b>Rentals :</b>	_____
<b>Miscellaneous :</b>	_____
<b>Insurance :</b>	_____
<b>Closed Captioning :</b>	_____