

COMPLETION REPORT: SHOWCASE SUPPORT

PLEASE REVIEW THE PROGRAM GUIDELINES FOR THIS PROGRAM BEFORE COMPLETING THIS REPORT.

Important Notes

- 1) Completion Reports must be accompanied by two sets of ALL expense invoices and receipts, as well as proof of payments (original and a photocopy). These may include cancelled cheques, bank drafts, credit card receipts, etc.
- 2) Separate the originals from the photocopies. The originals will be returned to you with the final payment.
- 3) **Completion Reports that are missing documentation will delay the release of the final payment. If you are notified that your Completion Report is incomplete, you will be given only one opportunity and 30 days to submit the required documentation, failing which your Completion Report will be processed as is.**
- 4) Cash payments may be accepted only for incidental purchases, suppliers and per diems and must be supported by a store receipt or receipt signed by the payee. In the case of suppliers, cash payments will only be considered eligible when accompanied by a signed Receipt for Services (available at www.factor.ca/documents.aspx). Larger ticket items must be paid by cheque, money order or other non-cash instrument.
- 5) FACTOR will recognize donated services to a maximum of 25% of total Actual Expenditure. Please see the Program Guidelines for this program under Eligible Costs for further details.
- 6) FACTOR will recognize Booking Agency Fees and Commissions up to 15% of Performance Income.
- 7) FACTOR will recognize Artist Management Fees and Commissions up to 20% of Performance Income.
- 8) Equipment purchases will be recognized up to a maximum of 10% of the total cost (excluding taxes). Please see the Program Guidelines for this program under Eligible Costs for further details.
- 9) Ensure you have provided the documentation required. A checklist is provided below. Completion Reports missing documentation will delay the release of the final payment.
- 10) Ensure you have signed the final page of the Completion Report.
- 11) Do not leave any lines blank. If a line does not apply, please indicate "N/A". If a response is not provided, it will be considered incomplete.
- 12) Unsigned or otherwise incomplete forms will delay the release of the final payment.

Completion Checklist

MANDATORY MATERIAL:

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.

- A fully completed and signed copy of this Completion Report.
- A summarized statement of Showcase costs and revenue, by country (if applicable) and category.
- Two sets (original and a photocopy) of ALL expense invoices and receipts, as well as proof of payments. Please see **Important Notes above** for further details.
- The final list of Showcases performed.
- Samples of the following: flyers, posters, programs, consumer advertisements, ticket samples, etc.
- A list of all band members, crew, managers, etc, who worked on the Showcase and Proof of Citizenship for each.
- A completed Personal Vehicle Log if you are claiming mileage. This form is available at www.factor.ca/documents.aspx.
- A completed Merchandise Log if you are claiming revenue from merchandise. This form is available at www.factor.ca/documents.aspx.
- Completed signed receipt or a Receipt for Service form for each supplier you paid in cash, or to claim per diems. This form is available at www.factor.ca/documents.aspx.

Incomplete Reports will result in delay or denial of payment.

Applicant Information

Applicant Name: _____ Phone: _____ Ext: _____
 Address: _____ Fax: _____
 Suite: _____ City: _____ Prov: _____ Postal Code: _____
 E-Mail: _____

Showcase Information

Artist Name: _____ File #: **SC-** _____
 Name of Event(s): _____ Total Number of Performances: _____
 Date(s) of Showcase(s) From: _____ To: _____
 Booking Agent Name: _____ Promoter Name (if applicable): _____
 Name of Album Supported by This Showcase: _____
 Release Date in Territory Showcased: _____

Project Goals & Expected Results

Please indicate in detail how the project's projected goals compared to the actual results. Provide details of unexpected results, notable occurrences or achievements.

(Attach an additional sheet if necessary)

Declaration of Other Sources of Funding

Other Sources	Name of Source	Amount
Radio Starmaker Fund	_____	_____
Canada Council for the Arts	_____	_____
Other Radio Source (specify)	_____	_____
Other Radio Source (specify)	_____	_____
Provincial Funding (specify)	_____	_____
Municipal Funding (specify)	_____	_____
Other Government Source (specify)	_____	_____
Other Government Source (specify)	_____	_____
Total Contribution from Other Sources		_____

Other Personnel

Please provide the following information on all additional personnel who participated during the course of the Showcase. A Social Insurance Number or other Proof of Citizenship is required for all personnel. Please attach additional sheets if necessary.

Band Members

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Hired Musicians

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Road Crew

Name: _____	Name: _____
Position: _____	Position: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Name: _____	Name: _____
Position: _____	Position: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
SIN or Proof of Citizenship: _____	SIN or Proof of Citizenship: _____

Budget Breakdown

A: Pre-Showcase Expenses

Note: Pre-Showcase Expenses may not exceed 15% of Total Eligible Costs.

	Applicant Use Only				FACTOR Use Only	
	Projected Expenditure*	Projected Donated Services	Actual Expenditure	Actual Donated Services	Approved Costs	Donated Services
Rehearsal Space (max 2 months)		N/A		N/A		N/A
Soundscan Title Report		N/A		N/A		N/A
Phone/Fax Charges (chargeable/usage fees only)		N/A		N/A		N/A
Courier/Mail Charges		N/A		N/A		N/A
Pre-Showcase Sub-Totals		N/A		N/A		N/A

B: Fees & Commissions

	Applicant Use Only				FACTOR Use Only	
	Projected Expenditure*	Projected Donated Services	Actual Expenditure	Actual Donated Services	Approved Costs	Donated Services
Band Members						
Hired Musicians						
Road Crew						
Casual Labour / Technicians						
Driver(s)		N/A		N/A		N/A
Per Diems		N/A		N/A		N/A
Booking Agency (max 15%)		N/A		N/A		N/A
Artist Management (max 20%)		N/A		N/A		N/A
Publicist		N/A		N/A		N/A
Fees & Commissions Totals						

Note: A maximum of 15% of performance revenue may be claimed under Agency Fees and Commissions, and a maximum of 20% of performance revenue may be claimed under Management Fees and Commissions.

*Per original application form.

Budget Breakdown cont'd

C: Showcase Expenses

	Applicant Use Only				FACTOR Use Only	
	Projected Expenditure	Projected Donated Services	Actual Expenditure	Actual Donated Services	Approved Costs	Donated Services
Vehicle Rental Costs		N/A		N/A		N/A
Gas						
OR						
Mileage from Personal Vehicle Use*		N/A		N/A		N/A
Ground Transportation		N/A		N/A		N/A
Advertising / Promotion		N/A		N/A		N/A
Merchandise Costs**		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 (max 10%)		N/A		N/A		N/A
Sound Reinforcement / Backline		N/A		N/A		N/A
Lighting		N/A		N/A		N/A
Bonds / Carnets / Work Visas		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
Showcase Expenses Totals		N/A		N/A		N/A

Please note: Equipment purchases will be recognized up to a maximum of 10% of the total cost. Please see the Program Guidelines for this program under Eligible Expenses for further details.

* This number must be transferred from the Personal Vehicle Log in order to claim mileage. This form is available at www.factor.ca/documents.aspx. Note: This is an all-in-rate. If claiming a personal vehicle, you cannot also claim gas.

** This number must be transferred from the Merchandise Log in order to claim merchandise costs. This form is available at www.factor.ca/documents.aspx.

General Expenses

	Applicant Use Only				FACTOR Use Only	
	Projected Expenditure	Projected Donated Services	Actual Expenditure	Actual Donated Services	Approved Costs	Donated Services
Phone/Fax/Internet		N/A		N/A		N/A
Supplies (specify)		N/A		N/A		N/A
General Expense Totals		N/A		N/A		N/A

Revenue

Gross Performance Income* _____
 Gross Merchandise Income** _____
 Total Revenue _____

* This must match or exceed the contract guarantees. Cash payments should be verifiable.

** This number must be transferred from the Merchandise Log in order to claim merchandise costs. This form is available at www.factor.ca/documents.aspx.

Budget Summary

Please note: Your total Actual Donated Services cannot exceed 25% of your total Actual Expenditure.

	Applicant Use Only		FACTOR Use Only	
	Actual Expenditure	Actual Donated Services	Approved Costs	Donated Services
A. Pre-Showcase Expenses		N/A		N/A
B. Fees & Commissions				
C. Showcase Expenses		N/A		N/A
D. General Expenses		N/A		N/A
Budget Sub-Total (A+B+C+D)				
		↓ ↓		
Total Eligible Costs	(Actual Expenditure + Donated Services)			
Administrative Fee (15% of Total Eligible Costs to a maximum of \$300)				
Total Eligible Budget (Total Eligible Costs plus Admin Fee)				
75% of Total Eligible Budget				
Shortfall (Total Eligible Budget less Total Revenue)				
TOTAL REQUEST FROM FACTOR:				
	\$ _____ (Enter either 75% of Total Eligible Budget or Shortfall, whichever is less. This cannot exceed your original offer.)			

Variance Report

If variances occurred between the projected revenue or expenses, as detailed in the original application, and actual revenue or expenses, **a reason for the variance must be provided here.**

(Attach an additional sheet if necessary)

Costs	Reason for Difference
Pre-Showcase	
Rehearsal Space	_____
Soundscan Title Report	_____
Phone / Fax	_____
Courier / Mail Charges	_____
Fees & Commissions	
Band Members	_____
Hired Musicians	_____
Road Crew	_____
Casual Labour / Technicians	_____
Driver(s)	_____
Per Diems	_____
Agency	_____
Management	_____
Publicist	_____
Showcase	
Vehicle Rental Costs	_____
Gas	_____
OR	
Mileage from Personal Vehicle Use	_____
Advertising / Promo	_____
Merchandise	_____
Musical Accessories / Repairs	_____
Equipment Rentals	_____
Equipment Purchase	_____
Sound Reinforcement / Backline	_____
Lighting	_____
Bonds / Carnets / Work Visas	_____
Insurance	_____
Travel / Airfare	_____
Freight / Cargo	_____
Hotel Accommodations	_____
General	
Phone / Fax / Internet	_____
Supplies	_____

Required Signatures

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

The undersigned Applicant hereby certifies that

(a) the information contained herein is true, correct and accurate; and

(b) the project that is subject of this Completion Report was executed as proposed in the Application and in accordance with the Program Guidelines, the Applicant Agreement, the General Agreement between the Applicant and FACTOR, and FACTOR's business policies.

Name of Recipient: _____ Date: _____

Authorized Signature: _____ Witness: _____

Name and Title of Signatory: _____