



THE FOUNDATION ASSISTING CANADIAN TALENT ON RECORDINGS  
WITH SUPPORT FROM CANADA'S PRIVATE RADIO BROADCASTERS

# CCD Contribution Form

To complete this form online, visit our [CCD payment page](#).

## **Part A - Identification**

Please provide the call letters and CRTC Broadcasting Decision Number(s) for the station(s) to which these contributions apply. To find your Broadcasting Decision Number, visit the [CRTC website](#).

Call letters/CRTC Decision Number: (e.g.: CXYZ/2007-23) \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Part B - Calculation**

Please indicate the Year of Contribution, your Basic CCD contribution, plus any Over and Above amount and any Tangible Benefits payments as applicable. Please note: French-language stations make their contributions to [Musicaction](#).

Year of Contribution: \_\_\_\_\_

### **1. BASIC**

Enter any Basic CCD amounts directed to FACTOR (based on last year's broadcast revenues): \$ \_\_\_\_\_

### **2. OVER AND ABOVE**

Enter any amounts "Over and Above" the Basic CCD contribution that as a condition of license are being directed to FACTOR: \$ \_\_\_\_\_

### **3. TANGIBLE BENEFITS**

Enter any Tangible Benefits amounts directed to FACTOR: \$ \_\_\_\_\_

## **Part C - Invoicing**

If you would like to receive an invoice from FACTOR for your CCD contributions, please indicate:

**1. Total for Invoice:** \_\_\_\_\_

**2. The date you would like the invoice to be sent:** \_\_\_\_\_

**3. I wish to receive invoices by (check one):**  Regular mail  Email

For inquiries contact Marina Anianova, Accounting Manager at [marina.anianova@factor.ca](mailto:marina.anianova@factor.ca) or 1-877-696-2215 ext. 209.