



**Municipality of the County of Kings  
Community Grants Policy  
Claim Form  
Operational Grants below \$30,000**

**Organization**

**Funding Period**

**Contact Name**

**Email**

**Phone**

To ensure your claim form is complete please ensure the following is provided

Statement of Accountability - Operating Funding	
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I hereby certify that the information provided is accurate and complete and that the recipient is in compliance with the terms and conditions set out in FIN-05-018 Community Grants Policy. And that all payments received will be applied to eligible costs as set out in the original approved application.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Name & Title**

\_\_\_\_\_  
**Date**

Municipality of the County of Kings  
 Community Grants  
 Statement of Accountability - Operating Funding

Please complete the following report with your third quarter financial information and year end projections. For any variances over \$1,000 please provide an explanation.

Description	Budget (as submitted with grant application)	Actual YTD	Variance	Year End Forecast	Forecast Variance	Explanation (please explain variances over \$1,000)
<b>Revenues</b>						
<b>Total Revenues:</b>						
<b>Expenses</b>						
<b>Total Expenses</b>						
<b>Surplus (Deficit)</b>						

*The Municipality reserves the right to request supporting documentation*

I Hereby Certify That:

The information provided is accurate and complete	
The recipient is in compliance with terms and conditions set out in FIN-05-018 Community Grants Policy	

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Date