



**Municipality of the County of Kings  
Community Grants Policy  
Claim Form  
Grants between \$30,000 and \$50,000**

Organization	<input type="text"/>
Project	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

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

Statement of Accountability - Operating Funding	
Board approved financial statements for the most recent fiscal year	

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

