



**Municipality of the County of Kings  
Community Grants Policy  
Claim Form  
Operational Grants above \$50,000**

<b>Organization</b>	<input type="text"/>
<b>Funding Period</b>	<input type="text"/>
<b>Contact Name</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>

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

Statement of Accountability - Operating Funding	
Financial statements which include a review engagement undertaken by a licensed Chartered Professional Accountant.	

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

