



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

Organization

Project

Contact Name

Email

Phone

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

Statement of Certified Expenses signed by Treasurer	
Statement of Actual Project Financing	
Copy of Certificate of Substantial Completion (if applicable) per Builders Lien Act	
Financial statements which include a review engagement undertaken by a licensed Chartered Professional Accountant.	
Required supporting documents are attached	

I hereby certify that the information provided is accurate and complete

Authorized Signature

Name & Title

Date

Municipality of the County of Kings
Community Grants
Statement of Actual Project Funding

Recipient Name

Project

Contact Name

Email

Phone

Amount of Funding Received	Funding Source (i.e. Government Grant, Fundraising, Donation, Other Grant)	Amount within original project budget (Y/N)	Comments

I Hereby Certify That:

All sources of project funding have been identified	
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 & Title

Date

Municipality of the County of Kings
 Community Grants
 Statement of Certified Expenses

Description of Eligible Costs Incurred	Payable To (Name of Supplier or Employee)	Invoice #. (or document #)	Invoice Date	Invoice Amount (include full HST) (A)	Amount of refundable HST (B)	Net Project Cost (A-B)	Payment Date	Cheque or Receipt #
Total Net Project Cost								

I Hereby Certify That:

The costs being claimed have been incurred and are eligible	
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	
All supporting documentation including copies of supplier invoices and proof of payment are attached.	
Any payment received as a result of this and all previous claim will be applied to eligible costs.	

 Authorized Signature

 Name and Title

 Date