



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

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	
Required supporting documents are attached	

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 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	<input type="checkbox"/>
The information provided is accurate and complete	<input type="checkbox"/>
The recipient is in compliance with terms and conditions set out in FIN-05-018 Community Grants Policy	<input type="checkbox"/>

\_\_\_\_\_  
 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 #
<b>Total Net Project Cost</b>								

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