



**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	
---	--

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)
Revenues						
Total Revenues:						
Expenses						
Total Expenses						
Surplus (Deficit)						

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