



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

Organization	<input type="text"/>
Funding Period	<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	
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

