



**Municipality of the County of Kings
Community Grants Policy
Claim Form
Grants between \$30,000 and \$50,000**

Organization	<input type="text"/>
Project	<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 Certified Expenses signed by Treasurer	
Statement of Actual Project Financing	
Copy of Certificate of Substantial Completion (if applicable) per Builders Lien Act	
Board approved financial statements for the most recent fiscal year	
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 Total Project Funding Received (please list all sources of funding related to your project including amounts contributed by your own organization)	Funding Source (i.e. Government Grant, Fundraising, Donation, Other Grant, Applicant Contribution)	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