



GENERAL INFORMATION

Please use the claim form when submitting eligible costs for reimbursement. Additional forms may be obtained by contacting the ministry.

Please submit your claim to the following address:

Ministry of Community Services

Local Government Infrastructure and Finance

PO Box 9838 Stn Prov Govt

4 - 800 Johnson Street

Victoria BC V8W 9T1

ph: (250) 387-4060 fax: (250) 356-1873

Note: The claim process can be initiated by fax or e-mail; however, before payment can be made, the claim form with original signatures **must** be sent in to the ministry. Please do not sign with black ink, as it is difficult to ascertain whether it is an original or a photocopy.

HOW TO COMPLETE THE CLAIM FORM

Field	Description
Interim or Final Claim	Check whether this is an interim or final claim for this project.
Recipient Name:	Enter the recipient's legal name. (name of proponent)
Project Name:	Enter the project name as given on the original application.
Name of Contact Person:	Enter the name of the recipient's contact person. This should be a person who can answer questions regarding the claim.
Project number:	The provincial project number as indicated on the contract.
Phone #	Please enter the area code and phone number of the recipient's contact person.
Email:	Contact person's email address.
Period Covered by this Claim (yyyy/mm/dd)	Enter the period covered by this claim. It is preferred that claims be submitted on a quarterly basis, according to the provincial government's fiscal year quarters (e.g., April - June; July - September; October - December; January - March), however, claims submitted at other intervals will be accepted as well.
	<ul style="list-style-type: none"> The "from" date should be the start of the quarter or the approved start date as per the contract, whichever is later.
	<ul style="list-style-type: none"> The "to" should be the end of the quarter or the end of the project, whichever comes first.
Total Amount of Grant Approved:	The Grant amount approved as per your contract.
Summary of Project Costs:	
Total Eligible costs incurred to date:	Enter total eligible project cost to date
Less contributions or grants from others:	Any funding from other sources must be deducted.
Total eligible costs incurred to end of this claim:	Total eligible costs incurred less the contributions/grants from other sources.

Field		Description
Less all eligible costs previously claimed:		Total as per column B (#10) on Appendix 1.
Current eligible portion:		Balance of eligible costs for this period.
Claim Amount:		The balance of eligible costs for this claim period multiplied by .6667 (or as per contract)
Estimated Expenditures for Next Claim		Please enter an approximate amount of the total eligible costs anticipated for your next claim.
Estimated Submission Date of Next Claim:		An estimated date as to when the next claim will be submitted.
Recipient Authorization		Two signatures are required. One from the Treasurer or Chief Financial Officer, <u>and</u> one from the Engineer or Project Manager. Both must be authorized to sign under the stated declaration, on behalf of the Recipient. Please print the person's name, title and date signed. Note: The claim form submitted must have original signatures - photocopies will not be accepted.
Provincial Authorization:		For ministry use only. Please leave blank.
Appendix 1 (page 2):		
Column A	Total Eligible Costs Incurred for This Claim Period	Enter the total eligible costs incurred within the period covered by this claim. You may also include any previously unclaimed eligible costs in the current claim. Use figures rounded to nearest dollar.
Column B	Total Eligible Costs Previously Claimed	Enter the figures from Column C of your most recent claim, or zero, if this is your first claim.

If this form is filled in electronically, you will not be able to enter any data in the shaded areas, the totals will calculate automatically and be entered on page one.

1 - 7	Project Costs	Enter amounts incurred and paid for each of the categories of eligible expenses.
8	Total Costs	Automatically entered..
9	Minus GST Rebate Amount	Applicable GST and other tax rebates are entered here.
10	Total Net Eligible Costs	Automatically entered..
	Treasurer/ Chief Financial Officer & Engineer/ Project Manager's initials	Ensure these initials are original. Photo/fax copies are not acceptable.

CHECKLIST

Before sending your claim, please use the following checklist to ensure that all requirements have been met.

- All applicable (non shaded) sections of the claim form have been completed.
- If you have completed the form on-line, print the completed claim form; make sure all check boxes have been ticked; and obtain the necessary signatures.
- The additional payment provisions set out in the contract have been met (if applicable).
- Costs are within the approved time frame of the contract with the Province of British Columbia.
- Signatures on the claim are original signatures (do not use black ink).
- Figures are rounded to the nearest dollar.
- Costs stated have been incurred and **PAID** and are attributable to this project (**Do not include HOLDBACKS**).
- If this is an interim claim, attach a progress report.
- If this is a final claim, attach a final report.

To ensure prompt payment of your claim, please address all of the items in the above checklist.