

SHELLFISH INFRASTRUCTURE DEVELOPMENT PROGRAM

Claim Form and Funding Agreement



APPLICANT INFORMATION

Company Name: _____ CRA Business
 Contact Name: _____ Number: _____

License or Lease Number(s) noted in Application to demonstrate eligibility:

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CERTIFICATION BY THE RECIPIENT (PLEASE REFER TO PROGRAM GUIDELINES FOR DETAILS)

PLEASE CERTIFY THAT:	YES	NO
A. The costs being claimed have been incurred and are eligible.		
B. All good and/or services for claimed costs have been received.		
C. All information provided is accurate and complete.		
D. Government will be provided access to inspect/assess the project work or for audit purposes if requested.		
E. Any payment received as a result of this and all previous claims will be applied to eligible costs		
F. The costs being claimed are all at arm's-length (i.e. no common ownership, no family ties).		
G. The assets acquired through this funding will not be sold or disposed of without permission.		
H. Any funding received from federal, provincial, and municipal governments is stated in Disclosure of Funding,		
If you have certified 'NO' for any of the above, please provide details below:		
I. The Recipient has overdue amounts owed to the crown (e.g. HST/GST, income tax, remittances for employee deductions, amounts due from defaulted grants or contributions; amounts due from penalties fines, and court awards; and, interest, penalties, or administrative charges.)		
J. Is this the final claim for your project?		
K. Adjustments to costs previously claimed (e.g. returns, credits, rebates) have been reported in the Claim Details section below. If N/A, choose 'No'.		

CLAIM DETAILS

All applicants to the program must keep original invoices, proofs of payment and other supporting financial documentation in the event they are required for audit purposes. Please **attach** proof of payment for all invoices through the provision of copies of receipts, canceled cheques, or statement of vendor showing payment etc. and any pictures that will help with clarity of use for reviewers.

					Internal Use		
Invoice Date (M/D/YY)	Inv. # or document ID	Payable to (name of supplier or employee)	Detailed Description of Cost Incurred (see Program Overview for eligible expenses)	Invoice Amount (before tax)	Proof attached? (Y/N)	Eligible? (Y/N)	70%
Total:							

Submit Claim Form and required supporting documentation by email to Melissa Baxter at seafarmers@seafarmers.ca, or by fax to 902-422-6248. Address can be found under 'Contact' on the website. Section below is for internal use only.

Project #:	Account:
Authorization:	Date:

FINAL CLAIM

L. What is the Completion Date* of your project? (YY/MM/DD) <i>*the last date all good/services were delivered and/or installed (all equipment now being complete and useable) and the last vendor paid.</i>		
PLEASE CERTIFY THAT:	YES	NO
M. The project has been successfully completed and all costs being claimed have been incurred and are eligible.		
N. All the costs being claimed are at fair market value and and all vendors/suppliers/etc. have been fully paid.		
O. The project assets are on site (have not been sold, disposed of, leased to other parties or have not ceased to be used). REMINDER: <i>Project assets and all records, receipts, etc. must be retained for at least 2 years following the Completion Date above.</i>		
P. The project is free from any present or potential liens or claims that could jeopardize it.		
Q. If you have answered 'no' for any of the above statements, please provide details below:		

DISCLOSURE OF FUNDING

Please list all funding sources and the amounts received for the project, including any funds received from other government departments, municipalities, Crown corporations or agencies, below.

AUTHORIZED SIGNATORY FOR RECIPIENT

Signature	Date	Print Name & Title

Cancellation: AANS by thirty (30) calendar days' notice duly given to the recipient may cancel this agreement at any time if the intended activities of the funded work has not been executed in a satisfactory manner, or if the progress of the project work has not been met.