



Funded by the County of Huron and delivered by your local Conservation Authorities
EXPENSE CLAIM FORM

Project Type				File #
Name				
Mailing Address				
Phone		Email:		
Project Location	Ward:	Municipality:	Lot:	Conc.
	Street Address:			
Subwatershed:				
X:	Y:	EFP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Property Type: Farm <input type="checkbox"/> Non-Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Institutional <input type="checkbox"/>				

PAID EXPENSES WITH RECEIPTS ATTACHED:

Supplier	Service	Invoice Date	Cost	HST	Total Cost
<i>to be completed by STAFF</i>		TOTALS:			
Grant Rate:		Total Grant:			

Landowner in-kind contribution	
Materials supplied by applicant	Value
	\$
	\$
Total	\$
Landowner's Own Labour: _____ hours x \$20	\$

Total Landowner in-kind contribution	\$
Total Project Cost (in-kind + cash including taxes)	\$

I hereby declare:

- That the information provided herein is true to the best of my knowledge.
- The above facilities will be used for their intended purposes as described in the HCWP application form.

Please check the following that apply:

I can claim a HST refund Yes No Partial (Please Specify) _____ of 13%

I am applying to other agencies for grant assistance with this project Yes No

I have received or will receive the following funds from other cost-share program towards this project:

Program: _____ Amount: _____

Program: _____ Amount: _____

Program: _____ Amount: _____

TOTAL: _____

I/We understand that I/we must disclose in this application for project funding, all proposed sources of funding, including sources and amounts from federal, provincial or municipal governments, conservation groups, and private organizations, including in-kind contributions, for the duration of this project.

Personal information on this form is collected under the Conservation Authorities Act Section 21, and will be used to determine eligibility for the grant program and reporting purposes.

Applicant signature

Date

For fillable forms: By typing your name, you have read and acknowledged the statement above

The project described above has been satisfactorily completed and we have received proper documentation to demonstrate invoicing and proof of payment:

Staff signature

Date

c/o Maitland Valley Conservation Authority, PO Box 127, 1093 Marietta Street Wroxeter, Ontario N0G 2X0
Ausable Bayfield Conservation Authority, 71108 Morrison Line, R.R.#3, Exeter, Ontario N0M 1S5