



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
	\$
	\$
Landowner's Own Labour: _____ hours x \$20	\$
Total Landowner in-kind contribution	\$
Total Project Cost (in-kind + cash including taxes)	\$

**OVER
PLEASE**

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.

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: _____

TOTAL: _____

I/We understand that I/we must disclose in this application for project funding, all proposed sources of funding, including from federal, provincial or municipal governments, conservation groups, 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.

I, the Owner of the above-mentioned Property, agree to the following terms:

- 1. To protect the trees from livestock and not to cut or otherwise remove the trees from the planted area for a minimum of 15 years after planting*
- 2. The ABCA, MVCA and CH are not responsible for failure of a tree or trees to become established;*
- 3. To absolve the ABCA, MVCA and CH of any liability in connection with the projects undertaken through the Huron Clean Water Project on the Property;*
- 4. To indemnify and save harmless the ABCA, MVCA and CH from and against all costs, claims, demands, suits, actions and judgements made, brought or recovered against ABCA, MVCA and CH resulting from or arising out of any alleged act or omission by the Owner, in connection with services provided or purported to be provided pursuant to this agreement;*

This agreement is a contract between the County of Huron and _____ and is not binding on subsequent owners

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