REPORT and CLAIM FORM for GRANTS

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| Check as appropriate: | [ ]  Capital Grant | [ ]  Properties Inspection Grant | [ ]  Arborist Grant |
| Name of project:  |       | Area: |       |
| Date project approved: |       | Start Date: |       | Completion date: |       |

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| **PROJECT REPORT** (Provide a brief report of project activities and outcomes, noting any changes from the original outline, below. Attach photos of completed project where appropriate.) |
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| **PROJECT CLAIM** (Provide copies of all paid invoices and receipts for materials and/or labour, along with copies of cancelled cheques for those payments. (For claim purposes 50% of the total GST on attached receipts and invoices that display the supplier’s GST number will be reimbursed). |

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| **EXPENSES** |
| **Paid To** |  | **Amount Paid** (Including Taxes) |  | **GST** (included in total) |
|       |  |       |  |       |
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|       |  |       |  |       |
|       |  |       |  |       |
| **Subtotal** of attached receipts/Invoices**:** |  |       |  |       |
| **Less 50% GST:** |  | (     ) |  |       |
| **Total:** |  |  $      |  |       |

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| An amount up to the maximum of the approved grant will be paid upon receipt of this fully completed and signed form. |
| Amount Requested (no greater than 50% of total): | $       | Amount Previously Approved: | $       |
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| [ ]  Progress payment requests | [ ]  Final request | Date: |       |
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| Cheque payable to: |       |

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| **Project Chair** |
|       |       |       |
| *Name* | *Signature* | *Council Name* |
| **Commissioners for councils responsible for property** |
|       |       |       |
| *Name* | *Signature* | *Council Name* |
|       |       |       |
| *Name* | *Signature* | *Council Name* |
| **Area Commissioner(s) (if property is District-managed)** |
|       |       |       |
| *Name* | *Signature* | *Council Name* |