



Forecasted Claim Form

Date:

Business Name:

Prepared by:

Project Name: roject

Project No.:

Claim Period: To:

Eligible Costs Incurred and Paid (excl. HST and Payroll below, if applicable)

Date of Invoice	Name of Supplier	Description of Item or Service	Invoice Number	Cost (\$)	Cheque #	Document Attached?

Subtotal Project Costs:

Payroll – To Be Completed for all Claimed Wages

Check if vacation will be paid out each pay period

Employee Name	Pay Period	Total Hrs.	\$/hr	Total Wage Cost	Vacation Paid	Gross Paid	EI Employer Share	CPP Employer Share	EHT	WSIB	Other	Total

Other (Please Specify):

Subtotal Payroll Costs:

Total Project + Payroll Costs:

Total RII Contribution (50%):

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Summary Report

Provide a final summary of your project.

Grenville CFDC reserves the right to pay the Contribution to the Recipient in respect of Eligible Costs incurred, only when based upon an itemized claim that amounts to the minimum of \$50,000, excluding HST.

Name of Authorized Official of Recipient

Title

Signature

Date

I have the legal authority to bind the Recipient.

I certify that the project is not a "Designated Project" as defined under CEAA (2012)