

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%):**



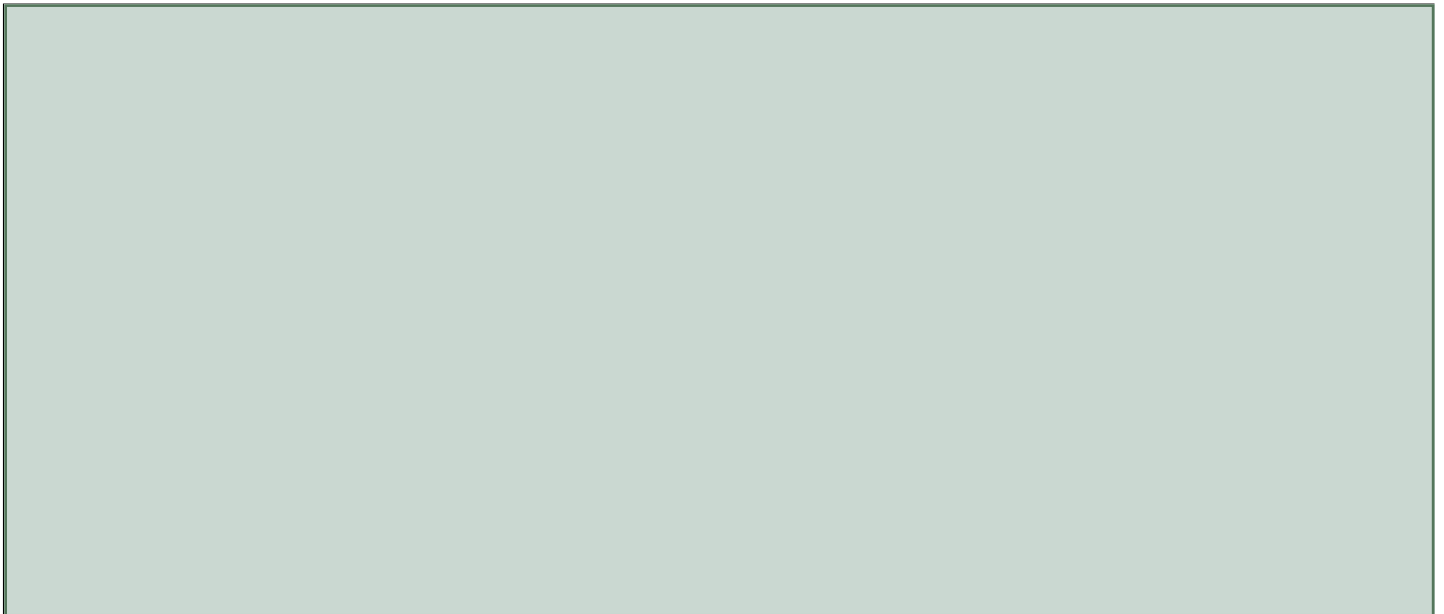
## Progress Claim Form

### Progress Report, con't

Confirm that the Target Date for Completion of each Milestone, as detailed in Annex 1, page 10 of your CA, remain accurate. Explain.



Provide a report on your progress against each of the Performance Metrics as detailed in Annex 1, Page 10 of your CA.



# Progress Claim Form

## Checklist

Invoices are attached and dates are within the approved Funding Period.

Claim has been made for Eligible Costs only (as listed in Annex 1 of your Contribution Agreement).

Claim does not include HST.

Documentation requested in Schedule A of your Contribution Agreement is attached (if applicable).

Evidence of the deliverables received, are attached (i.e. reports, photos of the equipment purchased, photos of project site).

Where wages and benefits costs are claimed, payroll records are attached.

Proof of payment is attached: Bank statement, images of cleared cheques (front/back), etc.

The Government of Canada, FedDev Ontario, and Grenville CFDC have been acknowledged as funders in your publications/advertising where relevant to your project (If so, please provide us with samples for our records).

Claim has been signed by authorized personnel (below).

Claim amount does not exceed 90% of approved Contribution.

**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)