

Program:

Business Type:

Date:

Name of Organization:

Prepared by:

Project Name:

Project No.:

Claim Period:            To:

**All Programs – 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 Program 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 Program + Payroll Costs:**

**Total EODP Contribution (50%):**

**Final Statement of In-Kind Contributions**

Please list all non-monetary contributions to your project, including those provided by you, for the entire project.

Contributor	Description of Contribution	\$ Amount

**Total In-Kind:**

**Final Statement of Financial Contributions**

Please list all of the funding sources for your project.

Contributor	Description of Contribution	\$ Amount

**Total Leveraged:**

**Community Partners**

Please list your project’s community partners. These can include organizations who support the project even if they have not contributed funds.

Name of Community Partner	Contribution/Role

## Final Summary Report

Please provide a final summary of your projects. Describe the impact your project had on employment, competitiveness, and efficiency, including positive impacts on the local and regional economy.

## Performance Indicators

### Employment Profile (At conclusion of Project)

	Permanent		Temporary	
	Full Time	Part Time	Full Time	Part Time
Management, Business, and Finance Occupations:	Full Time	Part Time	Full Time	Part Time
Professional Occupations in Natural and Applied Sciences:	Full Time	Part Time	Full Time	Part Time
Technical Occupations in Natural and Applied Sciences:	Full Time	Part Time	Full Time	Part Time
Occupations in Manufacturing and Utilities:	Full Time	Part Time	Full Time	Part Time
Other Occupations (includes primary industry, trade, services):	Full Time	Part Time	Full Time	Part Time

### Sales Profile (Yearly)

#### Current Sales (Project start)

North America:

Rest of World:

#### Forecasted Sales (Next fiscal year)

North America:

Rest of World:

## Future Impact

Will the project lead to future employment, future revenue increases, or future projects stemming from the successful completion of this funded project? If so, briefly discuss.

**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).

Project deliverables are attached (i.e. reports, business plan, photos of the project, marketing flyer).

All required performance indicator fields have been filled out.

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).

**We require a handwritten signature for this Final Claim Form.**

You may submit an electronic version so we can begin processing your claim.

A signed copy must follow and is to be submitted via:

E-mail: [eodp@grenvillecfdc.com](mailto:eodp@grenvillecfdc.com)

Fax: (613) 925-3758

Mail: PO Box 309  
Prescott, ON  
K0E 1T0

Name of Authorized Official of Recipient

Title

Signature

Date

I have the legal authority to bind the Recipient.

I attest that this is the final claim for this Project.

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

I certify that the project was implemented in compliance with the terms and conditions of the Contribution Agreement.