



Finance. Innovation. Success.

# EODP Progress Claim Form

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%):**



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**Current Employment Profile – Complete if changed since application**

	Permanent		Temporary	
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

**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
<b>Total In-Kind:</b>		

**Financial Contributions**

Please list all of the funding sources for your project.

Contributor	Description of Contribution	\$ Amount
<b>Total Leveraged:</b>		

**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

**Progress Report**

Please provide an update on your project's progress (with attention to Annex 1 of your Contribution Agreement). Describe the impact your project is having on local jobs and businesses.

**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).

Claim amount does not exceed 90% of approved contribution.

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)