|  |  |
| --- | --- |
|  | **Contract Number** |
| **Name of Client** |
| **Mailing Address** |
| **Contact** | **Telephone Number** |
| Joint Payment or Assignment of the contribution has been requested for this project? ~ Yes ~ No |  |
| **Period Covered****From:** (YYYY/MM/DD) | **To:** (YYYY/MM/DD) | **Claim Number** | **Final Claim** |
| **SUMMARY OF COSTS CLAIMED FROM SCHEDULE OF DETAILED ELIGIBLE COSTS** |
| To calculate the amount of your claim, you need to transfer your total costs from each Detailed Eligible Costs form. For each contract number,you will need to complete a separate Claim Summary form. |
| **TYPE OF COSTS CLAIMED (COST CATEGORY)** | **AMOUNT** |
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| **TOTAL ELIGIBLE COSTS CLAIMED FOR THE CURRENT PERIOD** | $  |
| CERTIFICATION (required for each claim) |
| a) The costs described in this claim and considered eligible were incurred under the terms of the Letter of Offer; andb) Assets previously claimed are still in operation and are utilized in the project (any exceptions have been listed in this claim).**The Claim Summary form MUST BE signed before the claim can be processed.** |
|  |
| Signature of Client or Authorized Representative |
| Title | Date |