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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **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; and  b) 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 |