



IDENTIFICATION AND CERTIFICATION					
RECIPIENT NAME:			PROJECT NUMBER:		
CONTACT NAME:			PAYMENT NUMBER:		
PERIOD COVERED:	FROM:		IS THIS YOUR FINAL CLAIM? (IF YES, SUBMIT FINAL PAYMENT CERTIFICATE)	YES	NO
	TO:				
CONTACT INFORMATION:	HAS YOUR MAILING ADDRESS, EMAIL, TELEPHONE NUMBER CHANGED? (IF YES, PLEASE PROVIDE NEW INFORMATION BELOW)				
HST/GST REGISTRATION NUMBER:	DO YOU HAVE A HST/GST REGISTRATION NUMBER?				
	IF YES, PLEASE PROVIDE THE REFUNDABLE HST/GST RATE APPLICABLE TO THE COSTS CLAIMED (100%; 67%; 50%, ETC.)			%	
CERTIFICATION BY THE RECIPIENT					
I HEREBY CERTIFY THAT:				YES	NO
a) the costs being claimed have been incurred and are eligible.					
b) all goods and/or services for claimed costs have been received.					
c) the information provided is accurate and complete.					
d) the Recipient is in compliance with all terms and conditions of the Contribution Agreement.					
e) any payment received as a result of this and all previous claim will be applied to eligible costs.					
f) any funding received from federal, provincial and municipal governments is the same as stated on the Statement of Work of the Contribution Agreement.					
g) the costs being claimed are all at arm's-length (i.e. no common ownership, no family ties).					
h) adjustments to costs previously claimed (e.g. returns, credits, rebates) have been reported in the Detailed Costs Claimed form.				N/A	
IF YOU HAVE CERTIFIED NO FOR ANY OF STATEMENTS A) TO H), PROVIDE DETAILS IN THE FOLLOWING SECTION: (IF MORE SPACE IS REQUIRED, PROVIDE ADDITIONAL DETAILS IN SEPARATE ATTACHMENT.)					
i) the Recipient has overdue amounts owed to the Crown (e.g. remittances for employee deductions, HST/GST, income tax) (If Yes, submit the Declaration of Overdue Amounts Owed to the Crown form)					
j) the Recipient, a not-for-profit entity, has received an eligible non-cash contribution toward the project during this claim period (If Yes, submit the Non-cash Costs Certification form)				N/A	
COSTS CLAIMED AND PAID BY THE RECIPIENT					
			CLAIMED TO AGENCY	PAID TO SUPPLIER /EMPLOYEE	
1) Total amount claimed in previous claim(s) (if first claim, enter \$0)					
2) Total amount claimed in this claim from the Detailed Costs Claimed form(s)					
3) Total amount claimed to date (1+2)					
I hereby solemnly declare that the responses above and on the Detailed Costs Claimed and Progress Report forms are true, knowing that this declaration is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.					
PERSON AUTHORIZED TO SIGN ON BEHALF OF THE RECIPIENT					
Signature:			Date:		
Print Name and Title:					



DETAILED COSTS CLAIMED							
RECIPIENT NAME:		PROJECT NUMBER:		PAYMENT NUMBER:		PAGE:	OF
CATEGORY PER ELIGIBLE COST <small>(GROUP COSTS AS LISTED IN THE STATEMENT OF WORK)</small>	DESCRIPTION OF ELIGIBLE COST INCURRED	PAYABLE TO <small>(NAME OF SUPPLIER OR EMPLOYEE)</small>	INVOICE NO. <small>(OR SUPPORTING DOCUMENT NO.)</small>	INVOICE DATE <small>(YYYY/MM/DD)</small>	INVOICE AMOUNT <small>(INCL. FULL HST/GST)</small>	AMOUNT OF HST/GST	
TOTAL THIS PAGE							
LESS: HST/GST TOTAL FROM THIS PAGE _____ X HST/GST REFUNDABLE RATE _____ % = REFUNDABLE HST/GST					()	
AMOUNT CLAIMED ON THIS PAGE							
TOTAL AMOUNT CLAIMED ON PREVIOUS PAGE(S)							
TOTAL AMOUNT CLAIMED							



PROGRESS REPORT

NOTE: For the Atlantic Innovation Fund (AIF) projects, please use the AIF Progress Report Form.

RECIPIENT NAME:		PROJECT NUMBER:			
				YES	NO
1. Is the project progressing in scope, time frame and budget as defined in the Statement of Work?					

Provide a short **narrative** (e.g. timing, costs incurred, tasks and activities undertaken, and any challenges encountered) on the status of the project.

NOTE: Please ensure that you have provided sufficient details to meet the reporting requirements specified in your Contribution Agreement. Attach a separate report if warranted.

2. Indicate the approximate timing and the estimated amount of your future claim(s).

MONTH	YEAR	ELIGIBLE COSTS

3. As described in your Statement of Work, please provide information on the Expected Project Results that have been achieved:

EXPECTED PROJECT RESULTS	PROGRESS TO DATE

Additional comments:

For Final Progress Report

	YES	NO
4. Is this your final progress report? (If yes, please ensure you fulfil any final reporting requirements as described in your Contribution Agreement. Attach a separate report if warranted.)		