Housing, Infrastructure and Communities Canada

Grants and Contributions Claim Form

Claim Information

Project Number: _____ Project Start Date (YYYY-MM-DD): _____

Project Title: _____ Project End Date (YYYY-MM-DD): _____

Recipient Name: _____

Important: The following is a generic listing of possible eligible project cost categories. Only include amounts under the eligible cost categories for which you are entitled as per the funding agreement.

Claim Period from Date (YYYY-MM-DD): Claim Period to Date (YYYY-MM-DD):

Expenditures

1. Administrative Costs	
Cost Categories	**Amount Claimed**
a. Administrative Costs	
2. Capital Costs	
Cost Categories	**Amount Claimed**
a. Facilities (if applicable)	
b. Capital Assets	
3. Direct Costs	
Cost Categories	**Amount Claimed**
a. Staff Wages	
b. Participant Costs	
c. Project Costs	
d. Sub-Projects Project Costs (if applicable)	
Total:	

Execute the Calculation

The information you provide is collected under the auspices of Housing, Infrastructure Communities Canada (HICC) for the purpose of administering programs. The information collected will be subject to the *Access to Information Act*.

The undersigned hereby certifies that the above expenses are true, accurate and are in accordance with the Terms and Conditions of the funding agreement and that all applicable credits have been taken into account.

Authorized Claimant Name: _____

Signature: _____ Date (YYYY-MM-DD): _____

Authorized Claimant Name: _____

Signature: _____ Date (YYYY-MM-DD): _____