## Communities in Transition Capital Grant Program Request for Payment Form

## For Infrastructure Projects, Feasibility Studies and Administrative Costs

Applicant Information					
Name of municipality					
Associated dissolved village					
Clerk/Administrator					
Telephone number	Email Address				
Type of Payment					
Interim claim: Please include copies of all invoices for actual costs incurred and paid					
per cent as of (date)	\$ (Eligible project costs - including PST)				
Final claim: Please include copies of all invoices for actual costs incurred and paid					
100 per cent as of (date)	(Eligible project costs - including PST)				
For Ministry Use					
Note: the GST is fully refundable to municipalities and is therefore not an eligible cost.					
Declaration					
On behalf of the municipality, we certify the project was constructed in accordance with the Communities in Transition Capital Grant Program criteria and that all cost claimed were incurred and paid in relation to the approved projects. We also certify the information supplied in this Request for Payment is correct.					
Reeve:	Date:				
Clerk/Administrator:	Date:				

Please keep a copy of the completed Request for Payment and email a copy of the form along with attachments to <a href="mailto:mifprovgrants@gov.sk.ca">mifprovgrants@gov.sk.ca</a>

If you have any questions, please contact the office at (306) 787-1262.



Claim Summary					
Approved Project Invoice Associated To	Supplier Name	Gross Invoice Amount Claimed (include GST)	GST Amount	Net Eligible Cost (excludes GST)	
NET ELIGIBLE COST		\$	\$	\$	