



Claim Form

Project Number:

Project Start Date:

Project Title:

Project End Date:

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:

Claim Period to Date:

Expenditures

Cost Categories	Amount claimed per Funding Stream		
	CRF	EI	Child Care
1. Administration Cost	\$ -	\$ -	\$ -
2. Core Program Services	\$ -	\$ -	\$ -
3. Funded Programs	\$ -	\$ -	\$ -
4. Partnership Development	\$ -	\$ -	\$ -
5. Child Care Programs (if applicable)	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -

Interest earned during the period of this claim:	\$ -	\$ -	\$ -
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The information you provide is collected under the auspices of Employment and Social Development Canada for the purpose of administering programs. The information collected will be subject to the Access of 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: _____