

CLEAN WATER WASTEWATER FUND CWWF

Project Claim Form

You will find the Applicant Information on the Project Outline (**Schedule "A"**) section of your Infrastructure Funding Agreement. **Please file one claim per month.** To avoid delays in processing, ensure all the necessary information is included, and mail your claim to:

Project Officer
Prince Edward Island Infrastructure Secretariat
75 Fitzroy Street, Suite 301
Department of Transportation, Infrastructure and Energy
P.O. Box 2000
Charlottetown PE C1A 7N8

APPLICANT INFORMATION

Applicant Name: _____

Project Number: _____

Project Title: _____

Date of Claim: _____

Supporting copies of paid invoices, **along with copies of the cancelled cheques**, must accompany each claim. If operating more than one project, **DO NOT** combine costs on the same invoice or claim. Incomplete claims will be returned to the applicant for correction. Please allow 30 days for processing. **PLEASE NOTE THAT INVOICES WILL ONLY BE PAID FOR IN THE YEAR THE WORK WAS UNDERTAKEN.**

(1) Total value of paid invoices attached (**Excluding HST**): \$ _____
(2) Total HST on above invoices: \$ _____
(3) GST Rebate (5% of before tax total): \$ _____
(4) Net Amount = Line (1) plus Line (2) subtract Line (3): \$ _____
(5) Net claim = Line (4) multiplied by 3, divided by 4; or multiplied by 0.75: \$ _____

Contact Name: _____ Tel: _____

IS THIS THE FINAL CLAIM FOR THE PROJECT? YES _____ NO _____

WHEN WAS THE PROJECT TENDERED _____ and AWARDED _____

WHAT WAS THE ACTUAL CONSTRUCTION START DATE? _____

WHAT IS THE ANTICIPATED (OR ACTUAL) CONSTRUCTION END DATE? _____

WHAT PERCENTAGE OF WORK IS COMPLETED TO DATE? _____ %

BRIEFLY DESCRIBE ANY WORK COMPLETED SINCE LAST CLAIM:

STATEMENT: I hereby declare that all information contained in this claim is correct to the best of my knowledge.

Department Use Only
Pay This Amount

Print Name, Title of Person Representing the Applicant

Signature

Date