



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 |
| | TO: | | NO |
| CONTACT INFORMATION: | HAS YOUR MAILING ADDRESS, EMAIL, TELEPHONE NUMBER CHANGED? (IF YES, PLEASE PROVIDE NEW INFORMATION BELOW) | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| HST/GST REGISTRATION NUMBER: | DO YOU HAVE A HST/GST REGISTRATION NUMBER? | | <input type="checkbox"/> |
| | 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 as per the Statement of Work of the Contribution Agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) all goods and/or services for claimed costs have been received. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) the information provided is accurate and complete. | <input type="checkbox"/> | <input type="checkbox"/> |
| d) the Recipient is in compliance with all terms and conditions of the Contribution Agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| e) any payment received as a result of this, and all previous claims, will be applied to eligible costs. | <input type="checkbox"/> | <input type="checkbox"/> |
| f) any funding received from federal, provincial and municipal governments is the same as stated on the Statement of Work of the Contribution Agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| g) the costs being claimed are all at arm's-length (i.e., no common ownership, no family ties). | <input type="checkbox"/> | <input type="checkbox"/> |
| h) adjustments to costs previously claimed (e.g. returns, credits, rebates) have been reported in the Detailed Costs Claimed form. | N/A <input type="checkbox"/> | <input type="checkbox"/> |
| IF YOU HAVE CERTIFIED <u>NO</u> 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) the Recipient, a not-for-profit entity, has received an eligible non-cash contribution (i.e, in-kind) toward the project during this claim period. (If Yes, submit the Non-cash Costs Certification form.) | N/A <input type="checkbox"/> | <input type="checkbox"/> |

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: | | | |

* Costs Incurred means the Eligible Costs for goods and/or services that have been received by the Recipient and that the Recipient has paid for by monetary payment or has a legal obligation to pay for by monetary payment in the future. Any Eligible Costs received that have been paid or will be paid for by means other than monetary payment, including, without limitations, in-kind and non-cash transactions, qualify as Costs Incurred for which the Agency does not contribute towards, but must be claimed at a reimbursement rate of zero percent (0%).



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? | <input type="checkbox"/> | <input type="checkbox"/> |

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.) | <input type="checkbox"/> | <input type="checkbox"/> |