



RM OF FRENCHMAN BUTTE NO. 501
BOX 180
PARADISE HILL, SK, S0M 2G0
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

Community Capital Program

Payment Request Form

Please complete this form in full.

Funding is for 50% of your net project cost to a maximum of \$4000.00, excluding GST.

PAYMENT CLAIM FORM AND ALL ATTACHMENTS MUST BE RECEIVED ON OR BEFORE DECEMBER 31 FOR YEAR IN WHICH EVENT TOOK PLACE

ORGANIZATION

Name of Organization: _____

Years in Existence: _____

Mailing Address: _____

Primary Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

Alternate Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES

Payment will be issued to organization unless otherwise stated:

Signature: _____

Date: _____

PROJECT COSTS – itemized expenses (DO NOT INCLUDE GST):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL PROJECT COSTS: \$ _____ (a)

PROJECT FUNDING SUMMARY:

Other Grants:	\$ _____
TOTAL PROJECT FUNDING:	\$ _____ (b)

Net Project Cost (a) – (b) \$ _____ (c)

Amount being requested from Community Capital
 50% of Line (c) Net Project Cost to a
 Maximum \$4,000.00 \$ _____

Claim is Complete and all supporting documentation is attached.

Date Received at the R.M. of Frenchman Butte No. 501 Office: _____

Receiver Initials: _____

Application Approved Resolution # _____