

Perennia Seafood COVID-19 Response Program Claim Form and Funding Agreement

Rev 2020-06-05

Applicant Information

Company Name

NS Registry of Joint Stock Companies # (if registered):

Contact Name

E-mail Address

Office Phone Cell Phone

License or Lease Number Used on Application to Show Eligibility

CRA Business Number

To facilitate payment of the claim please attach a void cheque.

Certification by the Recipient (Please refer to Program Guidelines for Details)

I HEREBY CERTIFY THAT:	YES	NO
a) the project has been successfully completed. Photos (e.g. equipment, PPE, installed barriers) are attached.		
Date of first purchase (after March 15, 2020) <input style="width: 100px;" type="text"/> YYYY/MM/DD Date completed: <input style="width: 100px;" type="text"/> YYYY/MM/DD		
b) the costs being claimed have been incurred and are eligible.		
c) all goods and/or services for claimed costs have been received.		
d) the information provided is accurate and complete.		
e) the records, receipts and proofs will be maintained and available for audit until at least March 31, 2024.		
f) government will be provided access to inspect/assess the project work or for audit purposes if requested.		
g) any payment received as a result of this and all previous claims will be applied to eligible costs.		
h) any overpayment will be repaid within 30 days of notice of overpayment.		
i) the assets acquired through this funding will not be sold or disposed of unnecessarily without permission.		
j) any funding received from federal, provincial and municipal governments is stated in Disclosure of Funding.		
If you have certified NO for any of the above, please provide details:		
k) the Recipient has overdue amounts owed to the crown (e.g. remittances for employee deductions, HST/GST, income tax)		

Disclosure of Funding Sources by the Recipient

I HEREBY CERTIFY THAT:	Initial below
a) there are no other sources of funding being accessed for the items within this claim.	
If you do have other sources of funding being accessed for the items within this claim, please provide details including the name of the funder and dollars or percentages of costs accessed.	

Authorized Signatory for the Recipient

Signature Date

Print Name and Title

Cancellation: Perennia, by thirty (30) calendar days' notice duly given to the recipient, may cancel this agreement at any time if the intended activities of the funded work has not been executed in a satisfactory manner or if the progress of the project work has not been met.

