

**SHOONIYAA WA-BIITONG TRAINING & EMPLOYMENT CENTRE
FOR THE TREATY NO. 3 AREA**

Child Care Payment Claim

Name of Child Care Centre/Service Provider and Location			File Number:	
			/ / / / / / / /	
Contact Person:			Phone/Email:	
			Fax:	
			Type of Claim:	
			30%: _____ 60%: _____ 10%: _____	
			Is this your final claim:	
			Yes No	

Wage Costs & MERC	Wage Enhancements & Casual Labour	No. of Persons	Indicate amounts here		These columns are for official use only	
			Total	Agreement Amount	Approved Claim Amount & Initial	
	Full Time		\$	\$	\$	
	Casual		\$	\$	\$	
	MERC		\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Overhead			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Activity Enrichment			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Training Costs			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Operations/Maintenance			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Building Upgrades			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
Capital & Equipment Investments			\$	\$	\$	
	Sub-Total:		\$	\$	\$	
TOTAL CLAIMED THIS PERIOD:			\$	\$	\$	

Sponsor Certification: I/we certify the information is true and correct to the best of my/our knowledge and claimed in accordance with the agreement.

Name and Title:	Date:
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Name of Child Care Centre/Service Provider and Location		File Number: / / / / / / / /	
		Type of Claim: 30%: _____ 60%: _____ 10%: _____	
Contact Person:	Phone/Email:	Fax:	Is this your final claim: Yes No

Please provide a summary of the activities that are covered for this reporting period:

Were there any planned activities and expenses for this reporting period that did not occur? If so, please explain the reasons.

Were there any unplanned activities and resulting expenses for this reporting period that are not covered under the agreement? If so, please provide details and circumstances:

Sponsor Certification: I/we certify the information is true and correct to the best of my/our knowledge and in accordance with the agreement.

Name and Title:	Date:

Should you have any questions or require assistance please contact:

Judy Morrison
 Site 206-53, R.R.#2
Fort Frances, ON P9A 3M3
 Tel: (807) 274-0152 Ext. 203 - Toll free: 1-866-278-8306
 Fax: (807) 274-0198
secoordinator@shooniyaa.org

**SHOONIYAA WA-BIITONG TRAINING & EMPLOYMENT CENTRE
FOR THE TREATY NO. 3 AREA**

Payment Claim Instructions

Please Note the Following: This claim form is utilized for all Shooniyaa Wa-Biitong programs. Some lines on the form may not apply in every case and should be left blank. If you have difficulties completing the form, please contact the persons noted below.

Name and Location of Child Care Centre/Service Provider: Enter the name of the Child Care Centre/Service Provider of the project. Unless otherwise indicated in writing by the sponsor of the agreement, this is to whom and where any payments will be mailed to.

File Number: Enter the file number that appears on the right-hand corner of your agreement.

Type of Claim: Indicate the type of claim you are claiming. First - 30%, Interim - 60%, or Final - 10%

If this is your Final Claim: Circle Yes or No if this the last claim under the Agreement.

Contact Person(s): Provide the name, phone #/email and fax # of the contact person(s) for this project. This person may be contacted should there be any questions about your claim.

Financial:

Wage Costs and Mandatory Employer Related Costs (MERC): Your Agreement indicates the position(s) which reimbursement may be claimed for. They include: Full Time, Casual and MERC. Indicate the number of persons you are claiming for each category. Enter the total amounts for each under the "Total" column. Enter the Total in Sub-Total.

Overhead Costs: Enter the description of overhead costs you are claiming. Enter the amount you are claiming in Sub-Total.

Activity Enrichment: Enter the description of activities you are claiming. They may include events, program supplies and materials. Enter the amount you are claiming in Sub-Total.

Training Costs: Enter the description of training expenses you are claiming. Enter the amount you are claiming in Sub-Total.

Operations/Maintenance: Enter the description of the operations/maintenance expenses you are claiming. Enter the amount you are claiming in Sub-Total.

Building Upgrades: Enter the description of Building Upgrade expenses you are claiming. Enter the amount you are claiming in Sub-Total.

Capital & Equipment Investments: Enter the description of Capital & Equipment Investments you are claiming. Enter the amount you are claiming in in Sub-Total.

Total Claimed: Total the sub-totals of the above expenses and enter the Total amount.

Please attach supporting documentation as required to support your claim.

Sponsor Certification: Authorized signature on behalf of the Child Care Centre/Service Provider that will attest to the accuracy of the report. Please indicate date of signature.

Activity Report - Instructions

The purpose of the Activity Report is to report on project activity, explain any challenges that occurred. It provides an opportunity to address any concerns, share best practices and project impacts.

Name and Location of Child Care Centre/Service Provider: Enter the name of the Child Care Centre/Service Provider. Unless otherwise indicated in writing by the sponsor of the agreement, this is to whom and where any payments will be mailed to.

File Number: Enter the file number that appears on the right-hand corner of your agreement.

Type of Claim: Indicate the type of claim you are claiming. First - 30%, Interim - 60%, or Final - 10%

If this is your Final Claim: Circle Yes or No if this the last claim under the Agreement.

Contact Person(s): Provide the name, phone #/email and fax # of the contact person(s) for this project. This person may be contacted should there be any questions about your activity report.

Summary of Activities:

Activities covered: Summarize activity that took place during the course of the reporting period.

Activities not covered: Explain activity that did not take place as originally planned in the agreement and the reasons. Please note that any major changes to the work plan should have been dealt with by contacting the Child Care Program Coordinator beforehand. Explain how, when and if the original activities will resume.

Activities/Expenses that occurred that are not covered in the agreement: Explain activity and resulting expenses and circumstances that occurred that are not covered as part of the agreement. Note that any major changes to the work plan activity and expenses should be approved by contacting the Child Care Program Coordinator beforehand.

Sponsor Certification: Authorized signature on behalf of the Child Care Centre/Service Provider that will attest to the accuracy of the report. Please indicate date of signature.

Please attach supporting documentation as required to support your activity report.

Should you have any questions or require assistance to complete the payment claim/activity report, please contact:

Judy Morrison
Site 206-53, R.R.#2
Fort Frances, ON P9A 3M3
Tel: (807) 274-0152 Ext. 203
Fax: (807) 274-0198
Toll free: 1-866-278-8306
secoordinator@shooniyaa.org

To submit a payment claim/activity report, please mail/deliver or fax to above or:

Shooniyaa Wa-Biitong
580 Lakeview Drive
P.O. Box 2909
Kenora, ON P9N 3X8
Fax: (807) 468-1813