



MUNICIPALITY OF THE
COUNTY OF KINGS

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Website: www.county.kings.ns.ca

Trails Assistance Program (TAP) Financial Statement

Name of Organization (Grant Recipient) _____

Address _____ Postal Code _____

Phone Number _____ Email _____

Contact Person _____

Type of Project _____

Project Cost Estimate (as per application): \$ _____

Amount of Grant Approved: \$ _____

Itemize Total Cost of Project:

Item	Paid To	Receipt /or / Cheque #	Amount
Donations	Log Sheets		Amount
Value of Donated Labour	Please use the attached log sheets		
Value of Donated Equipment	Please use the attached log sheets		
Value of Donated Material	Please use the attached log sheets		

Project Total	
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CERTIFICATION

The above itemized Financial Statement represents the total costs of the entire project, as an approved grant by the Municipality of the County of Kings and is supported by cancelled cheques, paid invoices or receipts to the full amount of the approved grant.

All cancelled cheques, paid invoices or receipts will be held for a period of five (5) years from the date of this statement.

SIGNATURE: _____ **SIGNATURE:** _____

Print Name: _____ **Print Name:** _____

Position: _____ **Position:** _____

Date: _____ **Date:** _____

NOTE: This statement must be signed by two (2) members of the executive of the association and submitted to the Coordinator of Parks and Open Spaces of the Municipality of Kings as indicated below.

FOR THE MUNICIPALITY OF THE COUNTY OF KINGS OFFICE USE ONLY:

(A) Certified that the above statement and supporting documentation were inspected and verified.

Certified that a final inspection and review of the project, as an approved grant by the Municipality of the County of Kings was conducted.

The appropriate conditions and intent of the approved project have been fulfilled.

Documents Inspected and Verified		Date	
Final Inspection By	Bob Suffron	Date	
Signature		Print Name	Bob Suffron
Position	Coordinator of Parks and Open Spaces	Date	

(B) Additional Comments

Signature		Date	

(C) Final Payment Requisition

Amount		Percentage		Date	
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RETURN THIS COMPLETED FORM TO:
Municipality of Kings, Parks and Open Spaces Coordinator
PO Box 100 Kentville, NS B4N 3W3
/or/ drop off at: 87 Cornwallis St. Kentville, NS