

ChildCareBC Maintenance Fund

Financial Reconciliation Report



For Emergency Repair and/or Replacement: Please return a completed report with copies of receipts indicating proof of payment within **60 days** of funding approval.

For Required Relocation: Please return a completed report with copies of receipts or invoices indicating proof of payment, and a copy of the new *Community Care and Assisted Living Act* facility licence issued for the relocated site within **6 months** of funding approval.

Organization:	
Facility:	
Project #:	

EXPENDITURES	
Purchased Items:	Approved Funding Amount:
	Total Costs:
	Balance ¹ :

ⁱ Please Note: any unspent funding will be repaid as a debt owed to the Minister of Finance.

Before submitting this form, review the submission checklist below.

CERTIFICATION:

I, as signing authority for the aforementioned organization, hereby certify that to the best of my knowledge the above information is complete and agrees with the records of our organization. I also agree to retain all original financial records related to this grant for a period of two years and make them available for examination upon request.

Name

Date

SUBMISSION CHECKLIST

Proof of payment reflecting the purchase of all eligible expenditures up to the dollar value of the grant. Proof of payment must include the following components: (1) receipts (e.g., transaction receipts), indicating the item purchased, amount paid and date; (2) invoices with zero-dollar balances with corresponding receipt of payment (e.g., bank statements or a copy of the cheque), if applicable; (3) name of company/individual from which the items or services were purchased; (4) date of purchase; and (5) itemized description of the products purchased. *Please note: payments made with cash will not be accepted without invoices and proof of payment of the transaction.*

Relocations Only: A copy of the new *Community Care and Assisted Living Act* facility licence issued for the relocated site.

If total costs are less than the originally approved amount, please mail a cheque for the balance owing made payable to the *Minister of Finance* to:

Child Care Capital and Community Services
Ministry of Education and Child Care
PO Box 9788 STN Prov Govt
Victoria, BC V8W 9S5