Child Care Capital Funding Program

Childcare BC Maintenance Fund

For repair and replacement of licensed child care facilities

FINANCIAL RECONCILIATION REPORT

For repair or replacement: Please return completed report with copies of receipts indicating proof of payment within 60 business days of funding approval.

Organization:	
Facility:	
Project #:	

REPAIR AND REPLACEMENT		
Approved Item(s) and/or Service(s):	Purchased Item(s) and/or Service(s):	
Approved Funding Amount:	Total Dollars Spent:	Balance[i]:

[i] If the total is less than the approved amount, please enclose a cheque made payable to the *Minister of Finance* for the balance.

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.

Print Name _____ Title _____

Signature _____ Telephone Number _____ Date _____

OFFICE USE ONLY

Reviewed by: _____ on _____

Name and Signature Date

Ministry of Children and Family Development
Child Care Capital and Community Services

Mailing Address:
PO Box 9788 Stn Prov Govt
Victoria, BC V8W 9S5

Telephone: 1-888-338-6622, option 5
Facsimile: 250-387-2997
Website: www.gov.bc.ca/childcareminorcapitalfunding

SUBMISSION CHECKLIST

- [ ] Proof of payment reflecting the purchase of all eligible expenditures up to the dollar value of the grant (e.g., transaction receipts, bank statements, copy of the cheque, etc.). Please note: The submitted proof of payment must contain an itemized description of the products purchased and the date the financial transaction was performed.

- [ ] If applicable, any invoices for approved products or labour indicating amount and date paid.