

Export Development Program Claim Form Stream 2



As outlined in the Agreement, claims must be made within 30 days of Project completion. All Projects must be completed by March 31st. Please include with this claim form all deliverables, as outlined in the Program Guidelines (see below).

Deliverables will include the following:

- A signed Invest Nova Scotia Attestation Form (on website) confirming project completion.
- Related project invoices from the consultant
- Proof of payment in the form of the front and back of cleared cheques, credit card or bank statement, confirmation of a wire or e-transfer. Cheque stubs are not considered proof of payment. Screen shots, photos or “snips” of statement item lines only are not sufficient proof of payment. We require a full statement page including the document and account information contained at the top.

Company Information

Business name	
Claim contact name	
Contact telephone	
Contact email	

Project Information

Project consultant(s)	
Project completion date (MM/DD/YYYY)	
Total project cost*	\$
Total claim (50%)	\$

*Project costs are only those costs eligible under the Agreement. GST/HST/PST/QST should not be included. All costs are to be provided in Canadian dollars. If costs were incurred in a foreign currency, please provide proof of foreign exchange rate for the date of the transaction.

Project Comments

If the final project costs claimed do not match the Agreement project costs, please provide details as to the reason for the variance below:

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Claim Checklist

A signed Invest Nova Scotia Attestation Form (on website) confirming project completion	Yes <input type="checkbox"/>
Project invoices	Yes <input type="checkbox"/>
Proof of payment (i.e., copies of cleared cheques, credit card or bank statements, wire or e- transfer confirmation)	Yes <input type="checkbox"/>

Certification

<p>I attest that this project has been completed in its entirety per the Agreement. All related project invoices that are the subject of this claim and Agreement have been paid in full by the Company that holds the Agreement. Furthermore, I certify that all information submitted for this claim is true and correct, and that any incorrect information and/or deliberate misstatement will result in rejection of the claim. If after a claim is paid it is discovered that the Company misrepresented any information provided to Invest Nova Scotia for adjudication of the claim or has omitted the submission of required documentation, the Company will be obligated to repay the funds paid under this claim to Invest Nova Scotia.</p>		<input type="checkbox"/>
Authorized officer name		
Job title		
Signature		
Date (MM/DD/YYYY)		
<p>Please return completed form to:</p> <p>Invest Nova Scotia Att: Export Development Program Claims 701-1800 Argyle Street Halifax, NS B3J 3N8 Email: claims@investnovascotia.ca Phone: 902.424.5922</p>		