**Vermilion River Watershed Restoration & Enhancement Project**

**Reimbursement Form** 

**For assistance with completing this form, please contact the Extension & Stewardship Coordinator, Mara Erickson at 587-525-6830 or email** [**mara.erickson@nswa.ab.ca**](mailto:mara.erickson@nswa.ab.ca)

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| **Part 1: Landowner Information** |
| Name: **All receipts, invoices, and proof of payments must be under this name.** |
| Mailing address: |
| Telephone : Email address: |

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| **Part 2. Project Expenses** |

**Instructions**: Please list costs for all materials, supplies, contracted expenses, own labour (including the number of hours), and own equipment (including the number of hours and type of machinery) to be reimbursed. Materials, supplies, and contracted expenses **MUST** be accompanied by **original** receipts or invoices. **Please do not include GST** as this is not an eligible expense.

Costs to be reimbursed must be pre-approved as per the applicant's signed Approval Letter and Budget, and applicable amendments or budget updates; **the overall reimbursable amount may not exceed the Total Approved amount**. **Expenditures over the approved project amount or additional expenditures not yet agreed upon must first be approved by the NSWA Executive Director, or they will otherwise be deemed ineligible**.

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| 2.1 Materials & contracted expenditures (use additional page if needed) | | | For Office Use Only |
| Item description | Purchase Date | Net Cost (excluding GST) | Account |
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| Sub-total materials/contracted expenses: | | $ |  |

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| **2.2 Applicant’s own labour (Applicant's labour must not exceed twice the cost of materials.)** | | | | | For Office Use Only |
| Activity description | Completion Date | Total Man-hours | Rate/hr | Value $ | Account |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
|  |  |  | $25/hr |  |  |
| Sub-total own labour: | | | | $ |  |

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| ***2*.3 Applicant’s own equipment use (rates should be as per Approval Letter budget)** | | | | | | | For Office Use Only |
| Activity description | Equipment | Horsepower | Completion Date | Hours Used | Rate/hr | Value $ | Account |
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| Sub-total own equipment use: | | | | | | $ |  |

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| **2.4 (Only if applicable) Annual compensation of crop land converted to restoration or enhancement site or riparian buffers.** | | | | | For Office Use Only |
| Project quarter | Number of acres | Rate $ per acre or ha **(b)** | No. years  **(c)** | Estimated Amount $ **(a x b x c)** | Account |
|  |  | $50/acre | 1 |  |  |
|  |  | $50/acre | 1 |  |  |
|  |  | $50/acre | 1 |  |  |
| Sub-total estimated annual land compensation: | | | | $ |  |

Add sub-total amounts in sections **2.1 + 2.2 + 2.3 + 2.4**: **Total project expenditures** = \_\_\_\_\_\_\_\_\_

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| **Part 3. Cost discrepancies** |
| **If applicable**, please explain any significant discrepancies (>10% variation) between approved and actual expended line-item amounts: |

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| **Part 4. Applicant Declaration** |
| I certify that the information provided in this reimbursement claim is, to the best of my knowledge, true, complete and correct.  LEGAL NAME OF APPLICANT (Please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please submit this claim and original receipts by postal mail to**:  North Saskatchewan Watershed Alliance  Attention: Mara Erickson, Extension & Stewardship Coordinator  # 202, 9440 49 Street NW  Edmonton, AB T6B 2M9 |