



		Project #:	Claim #:
Municipal Name:	Address:	Postal Code:	
Contact Person:	Phone Number:	Fax Number:	

NOTE:

- **GST paid on or after February 1, 2004 is fully rebatable to municipalities and is therefore not an eligible cost.**
- **All Requests for Payment must include copies of all invoices being claimed, for actual costs incurred.**

A. TYPE OF PAYMENT: INTERIM PAYMENT

Interim Claim: Please note that all claims are subject to a claims review before payment is made.	Percentage Complete	Eligible Costs being claimed this claim as per page 2
Eligible Project Costs (including PST)	_____ % as at _____ (date)	\$ _____

1. **Was a construction permit/approvals required prior to commencement of work? (i.e. Federal Departments or Provincial Ministry permits or approvals)** YES NO (attach a copy)
2. **If construction has started are you following the mitigation measures identified in your "Environmental Assessment" if applicable?** YES NO
3. **Did you have a competitive tender process as per Section 7.2.1 of the contribution agreement** YES NO (attach copy of tender results)

OR FINAL PAYMENT

Part 1 - Final Claim: Please note that all claims are subject to a claims review before payment is made.	100% Completed as of	Eligible Costs claimed – should balance to amount on page 2
Eligible Project Costs (including PST)	_____ (date)	\$ _____

Part 2 - Attachments: Mitigation Certificate and Permits and Long Term Sustainability Plan

<input type="checkbox"/>	A duly completed Environmental Mitigation Certificate (as provided by Saskatchewan) and copies of all required permits as per Section 7.1.3 of the agreement (unless previously submitted) are attached.
<input type="checkbox"/>	As per section 7.6 of the contribution agreement, the Recipient agrees to implement the long term sustainability plan included with its application by adopting a utility rate bylaw (for water and wastewater projects) or resolution of council (for others), a copy of the bylaw or resolution is attached. If no resolution or bylaw, a user charge schedule is attached.
<input type="checkbox"/>	As per section 3.5 of the contribution agreement, "Schedule C" <i>Solemn Declaration of Substantial Completion</i> must be completed by a registered professional and a copy is attached.

Part 3 - Benefits: The following project benefits section is to be completed after the project has been **entirely constructed.**

Description of Primary project benefits – <i>This section should be completed as you progress along in your project and on your final report identify the actual results achieved.</i>	Actual Benefit		
	Please check box	Quantify # Increase or (Decrease)	Comments
1) A measurable and quantifiable reduction in volume and/or improvement in the level of treatment of wastewater effluent;	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2) Increased number of households, industries, commercial establishments, and institutions with untreated wastewater connected to sanitary sewer systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Reduced volume and incidents of discharge of untreated wastewater effluent as a result of sanitary sewer and combined sewer overflow events	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4) Improved stormwater effluent quality	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Implementation of full life cycle cost accounting and full cost recovery (where possible) for wastewater infrastructure assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Improvement to the reliability or performance of the wastewater collection and/or treatment system	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7) Improved wastewater sludge treatment and management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8) Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B. CERTIFICATION

On behalf of the municipality, we certify the project was constructed in accordance with the Infrastructure Stimulus Fund's terms and conditions, and that all cost claimed were incurred in relation to the approved ISF project. We also certify the information supplied in this Request for Payment is correct.	
Mayor/Reeve/CEO: _____	Date: _____
Clerk/Administrator: _____	Date: _____

Please Keep a Copy of the Completed Request for Payment and fax or mail to:

Mary Ulmer or Sheri Gabel
Ministry of Municipal Affairs 4th Floor -1855 Victoria Avenue Regina SK S4P 3T2

Phone: (306) 787-2719 or 787-3619
Fax: (306) 787-3641

