**2020 Business Façade Improvement Program**

**Final Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Mailing Address: |  | | |
| Phone Number: |  | E-mail: |  |

Project Start Date:

Project Completion Date:

**Expense Reporting Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **IMPROVEMENT** | **DESCRIPTIPION** | **COST (not including GST)** | **RECIEPT/ INVOICE ATTACHED** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| TOTAL COST: | | $ |  |

**Attachments:**

Certificate of Completion (must be signed by Contractor or Applicant)

Receipt and Invoices

High resolution after photographs

Testimonial letter: Your letter needs to include a description of your project, the outcome of your project, and the current and potential benefits of the project to your business.

***By signing this document you are verifying that all information is complete and true.***

Print Name:

Signature: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE |  |  |  |
| Final Report Received by: |  | Received on: |  |
| Reimbursed on: |  | Staff Signature: |  |

**Business Façade Improvement Program**

**Certificate of Completion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | of |  | Certify that |
|  | (Contractor or applicant) |  | (Business / Building) |  |
|  |  |  |  |  |

|  |
| --- |
| * All work, under the Business Façade Improvement Program, located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (Business name and physical address)  has been completed. |
| * All charges or bills for labour or services performed or materials supplied, and other charges for the Façade Improvement project have been paid in full and in accordance with the terms of the contract. |
| Reimbursement for approved work will be made upon receipt of the completed Final Reporting template and all required documentation. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Print name: |  |
| Address: |  | Date: |  |
| City, Province, Posta Code: |  | | |