NORTHERN LIGHTS
COMMUNITY DEVELOPMENT
CORPORATION

DETAILED PROGRESS/FINAL REPORT

Client Name:	**Project No.**

Project Name/Description:

Start Date of Project:

Is this Project Completed: ___◯___ **Yes** ___◯___ **No**

Completion Date of Project:

Brief Written Summarization of Project (Include how your community has benefited from this project):

PLEASE USE THE DETAILED ELIGIBLE COSTS FORM OR ATTACH A DETAILED GENERAL LEDGER LISTING OF YOUR EXPENSES TOWARDS THIS PROJECT.

NORTHERN LIGHTS
COMMUNITY DEVELOPMENT
CORPORATION

DETAILED ELIGIBLE COSTS FORM

Client Name		Project No.	
Mailing Address			
Key Contact Name		Telephone No.	
Claim No	Final Claim ◯ Yes ◯ No	Period Covered From	To

For each project number, you will need to complete a separate ***Detailed Eligible Costs*** form

Vendor Name	Description of Invoice/Cost	Amount
Total Eligible Costs Claimed for the Current Period		$ 0.00

Certification (required for each claim)

a) The costs described in this claim are considered eligible and were incurred under the terms of the agreement ; and
b) Expenses previously claimed are still in operation and utilized in this project (any exceptions have been listed in this claim)
c) The total of all Invoices must equal or be greater than the amount contributed by ***NLCDC***
d) *COPIES OF ALL INVOICES AND CLEARED CHEQUES MUST BE INCLUDED WITH CLAIM FORM*

Client Signature or Authorized Representative	Title	Date