



Final Financial Report Template CNSC Participant Funding Program

CA Reference Number: [For CNSC use only] _____

The CNSC shall, subject to the maximum contribution amount established in this Contribution Agreement, reimburse the Recipient only for the eligible costs that were incurred. The CNSC will not reimburse eligible costs beyond the maximum contribution amount awarded to the Recipient.

Name of recipient: _____

Title of project or matter for which participant funding was provided:

Maximum amount of funding provided under the Contribution Agreement (subsection 2.1):

\$ _____

Advance Payment provided by CNSC to the Recipient \$ _____

on _____ / _____ / _____
YYYY MM DD

Deadline for submission of Final Financial Report, as per Contribution
Agreement subsection 3.3:

_____ / _____ / _____
YYYY MM DD

Recipient's Itemized Statement

Recipients are not required to submit their receipts to the CNSC with this Final Financial Report. However, they are **strongly encouraged** to retain all receipts **for at least three (3) years**, in the event of an audit.



A. Professional Fees		
Name of Professional or Company	Description of Expenditures (number of hours and hourly rate)	Amount
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Total:		\$ _____

B. Travel Expenses

Name of Traveler	Description of Expenditures	Amount
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Total:		\$ _____

C. Other Costs		
Activity or Expenditure	Description of Expenditures (number of days, hours and rate)	Amount
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Date ____/____/____ YYYY MM DD		\$ _____
Total:		\$ _____

Claim Breakdown	Amount
Professional fees	\$ _____
Travel expenses	\$ _____
Other costs	\$ _____
Total:	\$ _____

The Recipient hereby certifies that the financial information provided to the CNSC reflects the true cost of the expenditures incurred by the recipient in fulfilling the conditions of the Contribution Agreement.

Participant Funding Program Reimbursement Calculation	
Maximum Participant Funding Program allocation	\$ _____
Advance payment provided to the Recipient by CSNC	\$ _____
Available Balance of PFP funds for Recipient	\$ _____
Total PFP claim from Recipient (Professional Fees, Travel and Other) Note: The CNSC will not reimburse eligible costs beyond the maximum contribution amount awarded to the Recipient.	\$ _____

Final PFP payment requested by recipient: \$ _____

Name of Recipient _____
Signature of Recipient _____ Date: _____ / _____ / _____ <div style="text-align: right; font-size: small;"> YYYY MM DD </div>

FOR FINANCIAL USE ONLY

Information required for PFP payments

IS THIS FOR THE FULL VALUE OF THE CONTRIBUTION AGREEMENT? Yes ☐ No ☐

Commitment # : _____ Verified by : _____

17-4920-_____ 000100LN-NN-NNN-E \$ _____

As per Section 34 of the *Financial Administration Act*, I certify that the work has been performed, the goods supplied or the services rendered and the price charged is according to the contract or is reasonable. Approved for payment.

Signature _____ Date: _____ / _____ / _____
YYYY MM DD