



# Guide to Claiming on ACOA Direct

December 2023



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## If this is a progress claim...

If this is a progress claim, consult steps 1-13 & 18, relating to the Identification and Certification form, Detailed Costs Claimed and Progress Report.

## If this is an advance...

If this is an advance payment, please skip to the end

## If this is a final claim...

If this is a final claim, consult steps 1-18 relating to the Identification and Certification form, Detailed Costs Claimed, Progress Report and Final Payment Certificate.

**NOTE: If you are only submitting a final payment certificate (no final claim), please refer to steps 14-18**



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# Identification & Certification

## Step 1: Recipient Information

Ensure you have the correct payment number, contact information, HST registration number and refundable HST rate, as well as the correct period covered to and from (e.g., from oldest invoice to latest, or from designated quarterly claim period).

**Contact Name:**  \* Modified

**Email Address:**  \* Modified

**Telephone No.:**  \* Modified

**Fax No.:**  \* Modified

**Final claim? \***  Yes  No If **Yes**, submit the final payment certificate.

**Do you have a HST/GST registration number? \***  Yes  No

**Period Covered:** **From: \***  \*  (YYYY-MM-DD)

**To: \***  \*  (YYYY-MM-DD)

Please indicate if this is your final claim.

### Note:

Claims can only be paid if the refundable HST/GST rate has been entered



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# Identification & Certification

## Step 2: Certification by the Recipient

Read and answer each question A-H. If you have questions about this section, please reach out to a Project Officer.

If you have certified NO for any of the statements, please provide extra detail in the box provided below

**I hereby certify that:**

- a) the costs being claimed have been incurred and are eligible; \*  Yes  No
- b) all goods and/or services for claimed costs have been received; \*  Yes  No
- c) the information provided is accurate and complete; \*  Yes  No
- d) the Recipient is in compliance with all terms and conditions of the Contribution Agreement; \*  Yes  No
- e) any payment received as a result of this and all previous claim will be applied to eligible costs; \*  Yes  No
- f) any funding received from federal, provincial and municipal governments is the same as stated on the Statement of Work of the Contribution Agreement; \*  Yes  No
- g) the costs being claimed are all at arm's-length (i.e. no common ownership, no family ties); \*  Yes  No
- h) adjustments to costs previously claimed (e.g. returns, credits, rebates) have been reported in the Detailed Costs Claimed form; \*  N/A  Yes  No

**IF YOU HAVE CERTIFIED NO FOR ANY OF STATEMENTS A) TO H), PROVIDE DETAILS IN THE FOLLOWING SECTION:**

(IF MORE SPACE IS REQUIRED, PROVIDE ADDITIONAL DETAILS IN SEPARATE ATTACHMENT.)



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# Identification & Certification

## Step 3: Non-cash Certification & Overdue Amounts to the Crown

If there are overdue amounts owed to the Crown (Ex: overdue debt to the Crown) or any non-cash items - please complete the corresponding forms on ACOA Direct.

### Examples of non-cash expenses:

- Depreciation of an asset (most common)
- Amortization
- Stock-based compensation
- Provisions for future losses
- Unrealized gains and losses

i) the Recipient has overdue amounts owed to the Crown (e.g. remittances for employee deductions, HST/GST, income tax); \*

Yes  No

**(If Yes, submit the Declaration of Overdue Amounts Owed to the Crown form)**

j) the Recipient, a not-for-profit entity, has received an eligible non-cash contribution toward the project during this claim period. \*

N/A  Yes  No

**(If Yes, submit the Non-cash Costs Certification form)**

**P.S.** For commercial entities, the response to statement "J" is always N/A.



# Identification & Certification

## Step 4: Costs Claimed & Paid by the Recipient

Include:

- Amount claimed in **ALL** previous claim(s)  
\*See latest payment letter (if applicable) to use the appropriate amounts
- Amount paid to suppliers in **ALL** previous claim(s)
- Amount claimed on current claim
- Amount paid to suppliers on current claim

### Note

All amounts in this section are net of refundable HST.

- 1) Total amount claimed in previous claim(s)
- 2) Total amount claimed in this claim from the **Detailed Costs Claimed** form \*
- 3) Total amount claimed to date (1+2)

Claimed to Agency	Paid to Supplier / Employee
\$0.00	\$0.00
*	*
\$0.00	\$0.00



# Identification & Certification

## Step 5: Declare & Complete Identification and Certification form

Please CHECK box to declare responses in ID Cert and other forms are true

I hereby solemnly declare that the responses above and on the **Detailed Costs Claimed** and **Progress Report** forms are true, knowing that this declaration is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*. \*

Please CHECK box at the top of the form to complete and lock your responses

**COMPLETED**

*Please fill in all mandatory fields marked with asterisk before marking the form as completed.*



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# Detailed Costs Claimed

## Step 6: Category per Eligible Cost

Include costs as listed in the **Statement of Work** (Schedule 2) in the Contribution Agreement.

Example:

<u>Project Costs</u>	\$
Professional Fees/Consultants	70,000
Material/Supplies	21,000
Marketing Activities	10,000
Administration Fee	48,000
Overhead Allocation	17,000
Rental Fees	6,000
Travel	8,500
Website Development	2,000
<b>Total Project Costs</b>	<b>182,500</b>

**Note** – When claiming travel expenses, please refer to the treasury board hospitality rates.



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# Detailed Costs Claimed

## Step 7: Filling out Detailed Costs Claimed

Category per Eligible Cost <small>(group costs as listed in the Statement of Work)</small>	Description of Eligible Cost Incurred	Payable To <small>(name of supplier or employee)</small>	Invoice No. <small>(or Supporting Document No.)</small>	Invoice Date * <small>(YYYY-MM-DD)</small>	Invoice Amount * <small>(including full HST/GST)</small>	Amount of HST/GST *
Equipment	Metal piercing machine	Big Equipment Co	123456	2023-12-15	\$11,500.00	\$1,500.00
Travel	Airfare	Air Canada	T12355	2023-10-31	\$690.00	\$90.00
Consultants	Photography	Jimmy Dean	2	2023-12-06	\$300.00	\$0.00
Total					<b>\$12,490.00</b>	<b>\$1,590.00</b>
Less: HST/GST Total:		<b>\$1,590.00</b>	X HST/GST Refundable Rate * <input type="text" value="100%"/>		= Refundable HST/GST	<b>(\$1,590.00)</b>
Total Amount Claimed					<b>\$10,900.00</b>	

Category needs to match those found in the Statement of Work (Schedule 2) in the Contribution Agreement.

Provide a short and concise description of the cost(s) incurred.

Who is the cost payable to? This could be a supplier if provided with goods or service(s) or an employee if the cost is payroll related.

Provide the number on the invoice received by supplier.

Provide the date listed on the invoice.

Provide the TOTAL amount payable (with HST/GST) as per the invoice

Provide HST/GST payable as per the invoice.



# Detailed Costs Claimed

## Attaching files to your claim

If you have several items to claim, please consider attaching an **excel file or report** from your accounting system of the costs incurred rather than inputting several line items.

### Tip: Several costs under one category?

Please combine costs that are in the same category (ex: Travel) into one line item and provide a short description of the costs OR attach a spreadsheet with the appropriate information.

Category per Eligible Cost <small>(group costs as listed in the Statement of Work)</small>	Description of Eligible Cost Incurred	Payable To <small>(name of supplier or employee)</small>	Invoice No. <small>(or Supporting Document No.)</small>	Invoice Date * <small>(YYYY-MM-DD)</small>	Invoice Amount * <small>(including full HST/GST)</small>	Amount of HST/GST *
Equipment	See attached spreadsheet	Various	Various	2023-12-15	\$57,500.00	\$7,500.00
Travel	See attached	Various	Various	2023-12-15	\$4,830.00	\$630.00
Consultants	See attached	Various	Various	2023-12-15	\$6,900.00	\$900.00
Total					<b>\$69,230.00</b>	<b>\$9,030.00</b>
Less: HST/GST Total: <b>\$9,030.00</b> X HST/GST Refundable Rate * <input type="text" value="100"/> % = Refundable HST/GST (					<b>\$9,030.00</b> )	
Total Amount Claimed					<b>\$60,200.00</b>	

### How to?

In the Detailed Costs Claimed section, input cost categories as per Statement of Work as normal with total claim amount. In the description, payable to and invoice number, simply put "See attached spreadsheet" so your payment officer is aware there is a file for them to review.

**Note:** Be sure your spreadsheet includes the same columns as the Detailed Costs Claimed form (or reach out to your project officer – ACOA has templates!)



# Detailed Costs Claimed

## \*HST/GST continued

Please also input HST/GST amount in the line indicated below on your Detailed Costs Claimed form and include Refundable Rate percentage.

Less: HST/GST Total:	<u>\$0.00</u>	X HST/GST Refundable Rate *	<input type="text"/>	% = Refundable HST/GST	( <u>\$0.00</u> )
Total Amount Claimed					<u>\$0.00</u>



# Detailed Costs Claimed

## Step 8: Complete

Please CHECK box at the top of the form to complete and lock your responses

**COMPLETED**

*Please fill in all mandatory fields marked with asterisk before marking the form as completed.*



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# Progress Report

## Step 9: Project Status

If the project is progressing as per the Statement of Work in the Contribution Agreement (timeline, budget, scope, etc.) please check “NO”, otherwise check “YES” and provide more information.

Please ensure that you have provided sufficient details. Attach a separate report if warranted.

1. Does the project require changes to dates, budget and scope in the Statement of Work? \*

Yes  No

If yes, please provide details of the requested changes.



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# Progress Report

## Step 10: Future Claims

Indicate the approximate timing and the estimated amount of your future claim(s).

It is mandatory to include at least one future claim.

Month *	Year *	Eligible Costs *
Select... *	Select... *	*
<input type="checkbox"/> Add another row		

If this is your final claim and you have no further costs, please input a FUTURE date and \$0 in the boxes demonstrated above.



# Progress Report

## Step 11: Expected Results

Provide information on the Expected Project Results that have been achieved

### Note:

The expected project results can be found in the Statement of Work (Schedule 2) in the Contribution Agreement

Expected Project Results	Progress to Date
<input type="checkbox"/> Add another row	



# Progress Report

## Step 12: Final Progress Report?

If this is the **final claim**, please indicate so on the appropriate question and fill out the Final Payment Certificate on ACOA Direct.

4. Is this your final progress report? \*

Yes  No

## Step 13: Complete

Please CHECK box at the top of the form to complete and lock your responses

**COMPLETED**

*Please fill in all mandatory fields marked with asterisk before marking the form as completed.*



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# Final Payment Certificate


## Step 14: Certification by the Recipient

Ensure to answer each question 1-7 on the Final Payment Certificate. If you answer “NO” to any of the questions, please provide additional details in the appropriate location (below the questions).

### Note:

For question 2, please enter the actual date the project was completed.

#### I HEREBY CERTIFY THAT:

1. the project has been successfully completed in accordance with the Statement of Work; \*  Yes  No
2. the project was completed on: \*   (YYYY-MM-DD);  Yes  No
3. the Recipient has fully paid suppliers and employees for costs claimed; \*  Yes  No
4. all costs have been claimed at fair market value, net of any refunds or other consideration provided by the supplier(s); \*  Yes  No
5. the project is free from any present or potential liens or claims that could jeopardize it; \*  Yes  No
6. all terms and conditions of the Contribution Agreement, including environmental mitigation measures, if any, have been met; \*  Yes  No
7. project assets are on site (have not been disposed of, have not been leased to other parties, have not ceased to be used in the operation); \*  Yes  No



# Final Payment Certificate

## Step 15: List Funding Partners

Please list all funding sources and amounts related to the project.

8. For all projects, list all the funding sources and the amounts received for the project, including any funds received from other government departments, municipalities, Crown corporations or agencies. \*



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# Final Payment Certificate

## Step 16: Sign and Complete

Please SIGN in the appropriate box at the bottom of the form and CHECK the box at the top of the form to complete and lock your responses

### PERSON AUTHORIZED TO SIGN ON BEHALF OF THE RECIPIENT

Signature:		Date:	
Print name and title:			

### COMPLETED

*Please fill in all mandatory fields marked with asterisk before marking the form as completed.*



# Final Payment Certificate

## Step 17: Final Step to your Final Claim

Please save and close the Final Payment Certificate form and return to your claim package screen. Indicate if you are submitting your final claim certificate ONLY (not including ID Certification, Detailed Costs Claimed or Progress Report forms).

Please click on checkbox if submitting a Final Payment Certificate only.

- Submit Final Payment Certificate only  
*(If you are submitting a final claim, do not check here, and please submit all claim documents.)*



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# Submit Package

## Step 18: Review, Certify & Submit

- Review each form before submitting your ACOA Direct Claim.
- Once reviewed, check the box below to certify your information is correct and complete
- Once complete, click **SUBMIT PACKAGE**.

You must check the certification checkbox before submitting the package.

- I hereby certify that I have verified all of the requirements of the contribution agreement with the Atlantic Canada Opportunities Agency regarding this project to ensure that they have been met with respect to the final claim, and that the information in all documents included in this final claim package is correct and complete, and fully discloses all necessary and relevant information. I also acknowledge that the Atlantic Canada Opportunities Agency is relying on the accuracy and completeness of this information in evaluating this package.

Please be advised that changes to this package will not be possible once it has been submitted.



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# Advance Payment

## Step 1: Recipient Information

Ensure you have the correct payment number and contact information. Please also certify if you have amounts owing to the crown.

If you have amounts owing to the crown, please fill out the respective form in your advance payment package.

RECIPIENT INFORMATION	
<b>Recipient Name:</b>	Covered Bridge Potato Chip Company Inc.
<b>Project No.:</b>	203505
	<b>Payment No.:</b> <input type="text"/>
<b>Contact Name:</b>	<input type="text"/> * Modified
<b>Email Address:</b>	<input type="text"/> * Modified
<b>Telephone No.:</b>	<input type="text"/> * Modified
<b>Fax No.:</b>	<input type="text"/> * Modified
<b>Address:</b>	<input type="text"/>
<b>I HEREBY CERTIFY THAT:</b>	
The Recipient has overdue amounts owed to the Crown (e.g. remittances for employee deductions, HST/GST, income tax) * <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If <b>Yes</b> , submit the Declaration of Overdue Amounts Owed to the Crown form)	



# Advance Payment

## Step 2: Forecasted Costs

Please fill out this section as you would a normal claim (reference Step 7 of the Detailed Costs Claimed section). Input amounts to be spent in the coming 3 months.

Don't forget to indicate the period in which you are claiming your advanced costs

**FORECASTED REQUIREMENTS** \* Maximum 3 months

**Period Covered:** From: \*  (YYYY-MM-DD)   
 To: \*  (YYYY-MM-DD)

Category per Eligible Cost <small>(group costs as listed in the Statement of Work)</small>	Description of Eligible Cost to be Incurred	Payable To <small>(name of supplier or employee)</small>	Amount Month 1 <small>(net of HST/GST)</small>	Amount Month 2 <small>(net of HST/GST)</small>	Amount Month 3 <small>(net of HST/GST)</small>	Total Amount <small>(net of HST/GST)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<b>Total</b>			\$0	\$0	\$0	\$0

Add another row

**Note:** If you only require a one-month advance, please only fill out amount required in month 1



# Advance Payment

## Step 3: Certification

Please read and check the box at the bottom of the advance payment form.

### CERTIFICATION

I hereby certify that the above-noted costs are eligible project costs, and that the forecasted amounts and monthly requirements are accurate and complete knowing that this declaration is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*. I confirm that the requested funds are required to enable the project to be completed and I agree that any monies received as a result of this advance will be applied directly and only to the eligible project costs. I also agree to substantiate the above Advance by submitting a Claim for Progress or Final Payment within forty-five (45) calendar days of the end of the period covered by this advance. \*

## Step 4: Review, Certify & Submit

You must check the certification checkbox before submitting the package.

I hereby solemnly declare that the information in all documents included in this advance package are true, knowing that this declaration is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*. I also acknowledge that the Atlantic Canada Opportunities Agency is relying on the accuracy and completeness of this information in evaluating this claim.

Please be advised that changes to this package will not be possible once it has been submitted.

Submit Package



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