

Reporting Period : From June 10, 2014 to December 31, 2016

Reporting Period Category (check the appropriate box)

☐

Emergency from <date> to <date>

☐

Post Emergency

**FINAL REPORT**

Project/Item/Activity Description	O/T \$	Backfill \$	Temp \$	Benefits Expense \$	Employee Expenses \$	Total Cost \$
Municipal Employee Overtime Labour & Costs	63,825.51		15,279.29	8,442.14	5,880.00	93,426.94
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
<b>Total</b>	<b>63,825.51</b>	<b>0.00</b>	<b>15,279.29</b>	<b>8,442.14</b>	<b>5,880.00</b>	<b>93,426.94</b>

I certify that the costs and the information provided are accurate and the related records are available for audit upon request.

☐ Chief Administrative Officer or

☒ Delegate

(Please check one of the above)

Name (Print) Laurie A. Lindberg

Title

Signature

Date

Treasurer

Laurie A. Lindberg

October 30/17

Reporting Period : From June 10, 2014 to December 31, 2016

**FINAL REPORT**

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Project/Item/Activity Description	Goods and Services Provided		Total Cost \$
	Supplies and Equipment	Services	
	(Goods) \$	\$	
Municipal Contracted Services & Materials	1,178,522.10	1,619.00	1,180,141.10
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
<b>Total</b>	<b>1,178,522.10</b>	<b>1,619.00</b>	<b>1,180,141.10</b>

I certify that the costs and the information provided are accurate and that the related records are available for audit upon request.

Treasurer  
Title

\_\_\_\_ Chief Administrative Officer or

☒ Delegate

Laurie A. Lindberg  
Name (Print)

Laurie A. Lindberg  
Signature

October 30/17

(please check one of the above)



Claimant - owned Equipment  
Town of Fort Frances  
MUNICIPAL CLAIM (Form 3)

Reporting Period: From June 10, 2014 to December 31, 2016

FINAL REPORT

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☐ Emergency from <date> to <date>

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Project/Item/Activity Description	Option 1- Incremental Operating Costs				Complete either Option 1 or Option 2, whichever is applicable	Option 2 - 50% of OPSS 127 Rate
	Incremental Equipment Usage Costs <sup>1</sup>	Repairs <sup>2</sup>	POL <sup>3</sup>	Total		Total Claimable Costs
	\$	\$	\$	\$		\$
Municipal Equipment Costs						15,401.64
						0.00
						0.00
						0.00
						0.00
						0.00
Total Option 1	0.00	0.00	0.00	0.00	Total Option 2	15,401.64

I certify that the costs and information provided are accurate and that the related records are available for audit upon request

\_\_\_\_ Chief Administrative Officer or

☒ Delegate

(Please check one of the above)

Laurie A. Lindberg  
Name (Print)

Title

Signature

Treasurer  
Laurie A. Lindberg

Date October 30/17

## INSTRUCTIONS

For incremental equipment use costs, use either internal hourly equipment rates, or 50% of OPSS 127 Rate.

<sup>1</sup>Option 1 covers rates for usage of claimant-owned equipment. The rates are hourly and do not include the cost of the operator.

The municipality may be asked to provide a copy of the municipality's by-law or policy that established the rates.

<sup>2</sup> Repair costs include the cost of parts and labour to repair equipment where the breakdown occurs while engaged in emergency related activity.

Incremental labour costs for the equipment operator (overtime) should be claimed on Form 1 (Labour and Related Expenses).

<sup>3</sup> Petrol, Oil, Lube



# PUBLIC FACILITIES AND INFRASTRUCTURE

Town of Fort Frances

## MUNICIPAL CLAIM (Form 4)

Reporting Period : From June 10, 2014 to December 21, 2016

FINAL REPORT

Reporting Period Category (check the appropriate box)

☐

Emergency from <date> to <date>

☐

Post Emergency

*Project/Item/Activity/Description	**Nature of Damage	Nature of Repairs & Restoration	Total Cost \$
Total			0.00

I certify that the costs and the information provided are accurate and that the related records are available for audit upon request.

\_\_\_\_ Chief Administrative Officer or

☒ Delegate  
(please check one of the above)

Laure A. Lindberg  
Name (Print)

Treasurer  
Title

Laurie A. Lindberg  
Signature

October 30/17  
Date

\*Public Facilities include but are not limited to municipal buildings, recreational facilities, parks, fences, drainage facilities. Public Infrastructure include roads, bridges and culverts.

\*\* Number of kilometers of road, extent of damage to parks, type of damage to building



Summary Report  
Town of Fort Frances  
MUNICIPAL CLAIM (Form 5)

Reporting Period : From June 10, 2014 to December 31, 2016

FINAL REPORT

Reporting Period Category



Emergency from <date> to <date>



Post Emergency

Name of Report	Total Cost	Option 1	Option 2
Labour and Related Expenses	93,426.94		
Goods and Services	1,180,141.10		
Claimant-owned Equipment		0.00	15,401.64
Public Facilities and Infrastructure	0.00		
Total of Claim	1,273,568.04	0.00	15,401.64
	Total + Option 1	1,273,568.04	
		Total + Option 2	1,288,969.68

I certify that:

1. All of the expenditures above were expended by the municipality for disaster-related damages
2. All claimed costs and information are accurate and supported by attached receipts, invoices, overtime sheets or other documentation that verifies the expenditure or are available for audit upon request.
3. Records relating to this application will be maintained for 6 years from the date of this application
4. All costs reported herein are not eligible to be claimed under any insurance policy, nor are they the subject of litigation.
5. The expenses claimed herein have not been compensated through other conditional grants of the Province, federal government. Grant applications for this purpose which remain outstanding are listed separately.
- 6.. Should work for which claims have been submitted preclude the need for work that was budgeted by the municipality for the year in which the damage occurred, claims for that damage should be the net of the estimated cost of the budgeted work that was precluded.

____ Chief Administrative Officer or ____ Delegate (Please check one of the above)	<u>Laurie A. Lindberg</u> Name (Print)  <u>Laurie A. Lindberg</u> Signature	<u>Treasurer</u> Title  <u>October 30/17</u> Date
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