

RECEIVED

JUN 29 2011

Building Canada Fund
Communities Component

www.bcbuildingcanadafundcommunities.ca

Canada

BRITISH COLUMBIA
The Best Place on EarthLOCAL GOVERNMENT SERVICES
AND INFRASTRUCTURE
MINISTRY OF COMMUNITY SERVICES

Claim Form

Recipient Name: City of Revelstoke

Project Name: Clearview Heights - CPR Hill Sanitary Sewer

Contact Name: Gordon Hall

Project #: 14391

Phone #: 250-837-2922

Approved Project Dates From (dd-mmm-yyyy): 24-Sep-09

To (dd-mmm-yyyy): 31-Mar-11

Claim Period From (dd-mmm-yyyy): 30-Sep-10

To (dd-mmm-yyyy): 31-Dec-10

☒ Interim Claim ☐ Final claim

Project Costs (please complete the detailed summary of expenditures and round the costs to nearest dollar for the Claim Form)

	A	B	C
Total eligible costs incurred this claim period	Total eligible costs previously claimed (from Col. C of your last claim)	Cumulative total eligible costs claimed to date (Column A + B)	
1. Environmental Assessment			0
2. Design / Engineering	26188	100782	126970
3. Construction / Materials	529992	874766	1404758
4. Contingency			0
6. Other eligible costs			0
7. Total costs (Total of lines 1 to 6):	556180	975548	1531728
8. Minus GST rebate amount	26485	46455	72940
9. Total net eligible costs (Line 7 less 8):	529695	929093	1458788

Lead Ministry will fill in the shaded area, please leave blank

Recipient's Share:

Provincial Share:

Federal Share:

109,561
109,561

Previous Fed/Prov Balance

Fed/Prov Share

Fed/Prov Balance Remaining

Please estimate:

Estimated expenditures for next claim: 400000

Estimated submission date of next claim: 15-Jan

Please attach the following:

- ☒ Detailed summary of expenditures
☒ Progress Report or Final Report, as appropriate

RECIPIENT AUTHORIZATION: (Signing Authority) I certify that costs stated above: (1) have been incurred and PAID; (2) are attributable to this project; (3) are eligible; and (4) are net of GST rebates and are in accordance with the provisions of the Canada-British Columbia Building Canada Fund - Communities Component. I acknowledge that all claims made under this program are subject to audit by the provincial and/or federal governments.

Graham Inglis Director of Finance

Name (please print)

Title (Treasurer or Chief Financial Officer)

Signature

Date

Gordon Hall Project Manager

Name (please print)

Title (Engineer or Project Manager)

Signature

Date

PROVINCIAL (MCRD) AUTHORIZATION:

Name (please print)

Title

Spending Authority Signature

Date

Client Code:

Resp: 51156
060 51951Account: 56678
56678STOB: 8005
1570

Amount to be reimbursed to recipient: \$ 219,123 -

\$ 109,561
\$ 109,561

balance of grant

ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED

Please submit original claim form to Lead Ministry and retain duplicate copy

6012/

ENTERED IN
AMS
6/30
B.274



P.O. BOX 1316
VERNON, BC V1T 6N6
TEL: (250) 549-2907
FAX: (250) 549-3808

E-MAILED

INVOICE

NUMBER 746
DATE 10/31/2010
PAGE 1 of 1

SOLD TO:

City of Revelstoke
Engineering Dept
216 Mackenzie Avenue
Revelstoke, BC
V0E 2S0

City of Revelstoke
Engineering Dept
216 Mackenzie Avenue
Revelstoke, BC
V0E 2S0

HST No. S65615603RT

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION	HST	UNIT PRICE	AMOUNT
			Clearview Heights - CPR Hill Sanitary Sewer			
			Contract No. 1.52			
			Progress Payment #4	H		473,049.94
			Less 10% Holdback	H		-47,304.99
			Less Deficiency Holdback	H		-24,000.00
			H - HST 12%			
			HST			48,209.39

L.B. Chapman Construction Ltd. HST: #865615603

COMMENTS

TOTAL

449,954.34

Y07SF007297M 9 10

CITY OF REVELSTOKE - GRANT CLAIM COST SUMMARY

October 2010 thru December 2010

Project #	14391						
Project Name	Clearview Heights - CPR Hill Sanitary Sewer						
Project Costs	Supplier	Invoice Date	Invoice #	Description	Net Cost (less 5% GST)	Ineligible Cost	
Construction							
	L.B. Chapman Construction Ltd	31-Oct-10	746	Construction	\$401,744.95		
	Bhex Contracting Ltd				\$1,035.00		
Materials							
	Engineered Pump Systems Ltd	04-Nov-10	40086	14 Package Pump Stations	\$71,592.00		
	City of Revelstoke			Gravel/Aggregates	\$28,651.26		
	City of Revelstoke			Gravel/Aggregates	\$1,731.11		
				Construction/Materials Sub-Total	\$504,754.32		
Professional Fees							
	Dayton & Knight Ltd	11-Nov-10	4302	Contract Administration	\$10,610.29		
	OPUS DaytonKnight	16-Dec-10	4535	Contract Administration	\$14,330.55		
	OPUS DaytonKnight	13-Jan-11	4695	Contract Administration	\$4,506.61		
				Professional Fees Sub-Total	\$29,447.45		
Wages/Benefits	City of Revelstoke					\$9,188.96	
Equipment Rental (Internal)	City of Revelstoke					\$6,033.83	
				Total Claim	\$534,201.77		



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Recipient Name: City of Revelstoke

Project Name: Clearview Heights - CPR Hill Sanitary Sewer

Contact Name: Gordon Hall

LOCAL GOVERNMENT SERVICES
AND INFRASTRUCTURE
MINISTRY OF COMMUNITY SERVICES

Project #: 14391

Phone #: 250-837-2922

Approved Project Dates From (dd-mmm-yyyy): 24-Sep-09

To (dd-mmm-yyyy): 31-Mar-11

Claim Period From (dd-mmm-yyyy): 1-Jan-11

To (dd-mmm-yyyy): 31-Mar-11

☒ Interim Claim ☒ Final claim

Project Costs (please complete the detailed summary of expenditures and round the costs to nearest dollar for the Claim Form)

	A	B	C
	Total eligible costs incurred this claim period	Total eligible costs previously claimed (from Col. C of your last claim)	Cumulative total eligible costs claimed to date (Column A + B)
1. Environmental Assessment			0
2. Design / Engineering	6595	126970	133565
3. Construction / Materials	130014	1404758	1534772
4. Contingency			0
6. Other eligible costs			0
7. Total costs (Total of lines 1 to 6):	136609	1531728	1668337
8. Minus GST rebate amount	6830	72940	79770
9. Total net eligible costs (Line 7 less 8):	129779	1458788	1588567

Lead Ministry will fill in the shaded area, please leave blank

Recipient's Share:

Provincial Share:

Federal Share:

Previous Fed/Prov Balance

Fed/Prov Share

Fed/Prov Balance Remaining

Please estimate:

Estimated expenditures for next claim: 0

Estimated submission date of next claim:

Please attach the following:

- ☒ Detailed summary of expenditures
- ☒ Progress Report or Final Report, as appropriate

RECIPIENT AUTHORIZATION: (Signing Authority) I certify that costs stated above: (1) have been incurred and PAID; (2) are attributable to this project; (3) are eligible; and (4) are net of GST rebates and are in accordance with the provisions of the Canada-British Columbia Building Canada Fund - Communities Component. I acknowledge that all claims made under this program are subject to audit by the provincial and/or federal governments.

Graham Inglis Director of Finance

Name (please print)

Title (Treasurer or Chief Financial Officer)

Signature

Date

Gordon Hall

Project Manager

Signature

Date

Name (please print)

Title (Engineer or Project Manager)

Signature

Date

PROVINCIAL (MCRD) AUTHORIZATION:

Name (please print)

Title

Spending Authority Signature

Date

Client Code:

Resp:

Account:

STOB:

Amount to be reimbursed to recipient: \$

\$ 43,259

\$ 43,259

ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED

Please submit original claim form to Lead Ministry and retain duplicate copy

Not required
over-budget

January 2011 thru March 2011

1050/1000



BRITISH COLUMBIA
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JAN 13 2011

ISF
Building Canada Fund
Communities Component
www.bcbfbuildingcanadafundcommunities.ca

Claim Form

Recipient Name: City of Revelstoke

Project Name: Clearview Heights - CPR Hill Sanitary Sewer

Contact Name: Gordon Hall

LOCAL GOVERNMENT SERVICES
AND INFRASTRUCTURE
MINISTRY OF COMMUNITY SERVICES

Project #: 14391

Phone #: 250-837-2922

Approved Project Dates From (dd-mmm-yyyy): 24-Sep-09

To (dd-mmm-yyyy): 31-Mar-11

Claim Period From (dd-mmm-yyyy): 30-Jun-10

To (dd-mmm-yyyy): 30-Sep-10

☒ Interim Claim ☐ Final claim

Project Costs (please complete the detailed summary of expenditures and round the costs to nearest dollar for the Claim Form)

	A	B	C
	Total eligible costs incurred this claim period	Total eligible costs previously claimed (from Col. C of your last claim)	Cumulative total eligible costs claimed to date (Column A + B)
1. Environmental Assessment			0
2. Design / Engineering	62420	38362	100782
3. Construction / Materials	874766		874766
4. Contingency			0
6. Other eligible costs			0
7. Total costs (Total of lines 1 to 6):	937186	38362	975548
8. Minus GST rebate amount	44628	1827	46455
9. Total net eligible costs (Line 7 less 8):	892558	36535	929093

Lead Ministry will fill in the shaded area, please leave blank

Recipient's Share:

Provincial Share:

Federal Share:

297,520

297,519

297,519

Previous Fed/Prov Balance

Fed/Prov Share

Fed/Prov Balance Remaining

Please estimate:

Estimated expenditures for next claim: 400000

Estimated submission date of next claim: 15-Jan

Please attach the following:

- ☒ Detailed summary of expenditures
- ☒ Progress Report or Final Report, as appropriate

RECIPIENT AUTHORIZATION: (Signing Authority) I certify that costs stated above: (1) have been incurred and PAID; (2) are attributable to this project; (3) are eligible; and (4) are net of GST rebates and are in accordance with the provisions of the Canada-British Columbia Building Canada Fund - Communities Component. I acknowledge that all claims made under this program are subject to audit by the provincial and/or federal governments.

Name (please print)

Title (Treasurer or Chief Financial Officer)

Signature

Date

Gordon Hall

Project Manager

Name (please print)

Title (Engineer or Project Manager)

Signature

Date

PROVINCIAL (MCRD) AUTHORIZATION:

Name (please print)

Title

Spending Authority Signature

Date

Client Code:

Resp: 51156

Account: 56678

STOB: 8005

Amount to be reimbursed to recipient: \$ 595,038-

\$ 297,519-

\$ 297,519-

ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED

Please submit original claim form to Lead Ministry and retain duplicate copy

6012/16841

July 2010 thru September 2010

7% on R/R

Quarterly Progress Report

 LOCAL GOVERNMENT SERVICES
 INFRASTRUCTURE
 MINISTRY OF COMMUNITY SERVICES

The purpose of this form is to update Infrastructure Canada, the Ministry of Transportation and Infrastructure and the Ministry of Community and Rural Development on the progress of the approved projects. A Progress Report needs to be submitted within 14 calendar days after the end of each quarter. Please complete this form in full and email it to your lead Provincial Ministry. Contact information is located at the bottom of this form.

SECTION I – PROJECT INFORMATION

Proponent:	City of Revelstoke	Project #:	14391
Project Title:	Clearview Heights – CPR Hill Sanitary Sewer		
Reporting Period:	<input type="checkbox"/> Year: _____ <input type="checkbox"/> Year: _____	<input type="checkbox"/> Year: 2010 July 1 st to September 30 th <input type="checkbox"/> Year: _____	

SECTION II – PROJECT PROGRESS

Project Schedule - Provide estimated or actual dates for the following (yyyy-mm-dd):

Tender Open: 2010-03-15

Contract Award: 2010-03-23

Construction Start: Mid-July

Construction Completion: 2010-10-30

Have dates changed from previous report? ☐ YES or ☒ NO

Percentage Construction Completed: 85%

Construction Status

☐ Ahead of Schedule

☒ On Schedule

☐ Behind Schedule

If behind schedule, please explain reasons for delay in project description below.

Bilingual Signage

Have both the Federal and Provincial construction signs been installed? If yes, please attach photo of installed signs if one has not already been submitted.

☒ YES or ☐ NO

SECTION III – DESCRIPTION OF PROJECT PROGRESS

Please provide a brief description of the project progress since the previous Quarterly Progress Report. If applicable, include any risks, opportunities or concerns. If this is the first Report submitted, then describe progress since the funding announcement. Answers should be no more than 300 words.

Include with this form a photograph report that shows current progress. Each photograph should have a numbered label that details the direction being viewed, the major items in view and the date the photograph was taken. The description below should reference attached photographs. Photographs must be submitted as a separate attachment. Please use Excel®, Word® or PDF® formats for the photograph report.

There are approximately 1600m of sanitary pipe installed, inspected, and approved with 22 service connections. Approximately 300m installed with 6 service connections, but not tested or approved. Approximately 300m of sanitary main remain to be installed with 10 service connections. Road restoration (paving) started Sept 30 and is expected to be complete by Oct 15.

SECTION IV – CASH FLOW PROJECTIONS BY FISCAL YEAR

Please enter forecasted grant amount claimed per fiscal year. As the project progresses, adjustments to the forecast may be required. Updates are appreciated as this information assists with government cash flow planning.

Fiscal Year	Forecasted Grant Cash Flow
Ending September 30, 2010 -	\$440,000.00
Ending March 31, 2011 -	\$838,518.00
Total Grant Amount -	\$838,518.00

Is this cash flow different from the previous report? ☒ YES or ☐ NO

SECTION V – MILESTONES

Is a Ground Breaking Ceremony being planned? ☐ YES or ☒ NO If yes, when? (yyyy-mm-dd)

Is an Opening Ceremony being planned? ☐ YES or ☒ NO If yes, when? (yyyy-mm-dd)

Are any other events being planned? ☐ YES or ☒ NO If yes, when? (yyyy-mm-dd)

Please describe other event:

If there are any additional comments regarding milestones or event planning, please provide them here:

SECTION VI – CONTACT INFORMATION

Prepared by:	Gordon Hall	Date (yyyy-mm-dd):	2010-04-08
Title:	Engineering Tech	Email:	ghall@cityofrevelstoke.com
Tel #:	250-837-2922		

Please email this form and photographs to your lead Provincial Ministry:

For Road, Transit, Cultural and Other projects:

Ministry of Transportation and Infrastructure
infrastructure@gov.bc.ca

Preference is to receive forms electronically. If this is not possible, then forms can be submitted by fax or mail to:

Ministry of Transportation and Infrastructure
 Infrastructure Development Branch
 5C - 940 Blanshard Street
 P.O. Box 9850, STN PROV GOVT
 Victoria, BC V8W 9T5
 Tel: (250) 952-0675 Fax: (250) 952-0688

For Water and Wastewater projects:

Ministry of Community and Rural Development
infra@gov.bc.ca

Ministry of Community and Rural Development
 Infrastructure & Finance Division
 4th Floor - 800 Johnson Street
 P.O. Box 9838, STN PROV GOVT
 Victoria, BC V8W 9T1
 Tel: (250) 387-4060 Fax: (250) 356-1873



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Claim Form

Recipient Name: City of Revelstoke

Project Name: Clearview Heights - CPR Hill Sanitary

Contact Name: Gordon Hall

LOCAL GOVERNMENT SERVICES
SEWER AND INFRASTRUCTURE
MINISTRY OF COMMUNITY SERVICES

Project #: 14391

Phone #: 250-837-2922

Approved Project Dates From (dd-mmm-yyyy): 24-Sep-09

To (dd-mmm-yyyy): 31-Mar-11

Claim Period From (dd-mmm-yyyy): 30-Sep-09

To (dd-mmm-yyyy): 30-Jun-10

☒ Interim Claim ☐ Final claim

Project Costs (please complete the detailed summary of expenditures and round the costs to nearest dollar for the Claim Form)

A
Total eligible costs incurred this claim period

B
Total eligible costs previously claimed (from Col. C of your last claim)

C
Cumulative total eligible costs claimed to date (Column A + B)

1. Environmental Assessment

2. Design / Engineering

3. Construction / Materials

4. Contingency

6. Other eligible costs

7. Total costs (Total of lines 1 to 6):

8. Minus GST rebate amount

9. Total net eligible costs (Line 7 less 8):

38362

38362

1827

36535

38362

0

0

0

38362

0

0

0

38362

1827

36535

Lead Ministry will fill in the shaded area, please leave blank

Recipient's Share:

Provincial Share:

Federal Share:

12,179

12,178

12,178

Previous Fed/Prov Balance

Fed/Prov Share

Fed/Prov Balance Remaining

Please estimate:

Estimated expenditures for next claim: 670000

Estimated submission date of next claim: 1-Dec

Please attach the following:

☒ Detailed summary of expenditures

☒ Progress Report or Final Report, as appropriate

RECIPIENT AUTHORIZATION: (Signing Authority) I certify that costs stated above: (1) have been incurred and PAID; (2) are attributable to this project; (3) are eligible; and (4) are net of GST rebates and are in accordance with the provisions of the Canada-British Columbia Building Canada Fund - Communities Component. I acknowledge that all claims made under this program are subject to audit by the provincial and/or federal governments.

Name (please print)

Title (Treasurer or Chief Financial Officer)

Signature

Date

Gordon Hall

Project Manager

Name (please print)

Title (Engineer or Project Manager)

Signature

Date

PROVINCIAL (MCRD) AUTHORIZATION:

Liam Edwards

Director

Name (please print)

Title

Spending Authority Signature

Date

Amount to be reimbursed to recipient: \$ 24,356 -

Client Code:

Resp: 51156

Account: 56678 STOB: 8005

\$ 12,178

060

51951

56678

1570

\$ 12,178

ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED

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6012/16840

September 2009 thru July 2010

\$1,094.61