



**Claim for Payment on an Ex gratia Basis
Montebello Summit – August 20 and 21, 2007**

File Number: _____

Notice to Claimants

Privacy and Confidentiality Statement

Provision of the information requested in this document is voluntary. This information is being collected for the purpose of claim assessment and payment and is essential to making a decision directly related to your claim. Refusal to respond may result in your claim being delayed or withdrawn. The information will be stored in Personal Information Bank (PIB) # PWGSC PPU 052. Under the *Privacy Act*, you have the right to request access to your personal information, held by a government institution, request corrections should you believe the information contains errors or omissions, and to retention and disposal requirements. Bank information is retained for six years after the last administrative action has been taken, after which records are destroyed. The financial information provided on this form will be treated confidentially. All information provided will be subject to the *Access to Information* and *Privacy Acts*.

This Claim for Payment Form is to be completed by all Claimants.

It is the responsibility of the Claimant to prove the claim and supply all supporting evidence necessary to the satisfaction of the Summit Claims Office, Public Works and Government Services Canada (PWGSC). The Summit Claims Office will conduct a verification review of the claim. Only reviewed claims from eligible Claimants will be considered for payment. Any payment under this Claim for Payment is wholly gratuitous and is not to be construed as an admission of liability on the part of the Government of Canada.

To make sure that your claim will be considered, you must:

Fill out this form.

**Commercial Businesses and Non-profit Organizations should complete sections 1, 2, 3, 4 and 6.
Individuals should complete sections 1, 3, 5 and 6.**

Attach the documents mentioned in Annex "A".

Sign and date the form in the appropriate places.

Send the completed form with attached documents to the Summit Claims Office, at the address indicated at the end of this form.

Enquiries:

telephone: 1-866-758-0673

facsimile: 1-418-648-7013

For more information:

visit our web site at: www.pwgsc.gc.ca/text/generic/montebello/index-e.html

**The Claimant is advised to consult the Guidelines for Payments on an Ex gratia Basis
prior to completing this Claim for Payment Form.**

All claims must be submitted by November 20, 2007.

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1. Identification of Claimant

Legal Status of Claimant - Check one of the following:

- Corporation
- Non-profit Organization
- Partnership
- Individual
- Other

Please specify: _____

Legal Name of Claimant: _____

Doing business as (if different): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ E-mail Address: _____

Facsimile: () _____ Contact Name: _____

Mailing Address (if different): _____

City: _____ Province: _____ Postal Code: _____

In order to enable the Summit Claims Office to produce T4A Supplementary Slips, if necessary, please provide the following:

if the Claimant is a Corporation, Non-profit Organization, or Partnership, provide:

Business Number: _____, **if not available provide:**

Procurement Business Number: _____, **if not available:**

GST/HST Number: _____, **if not available:**

in the case of a Corporation or Non-profit Organization, provide:

Corporate Income Tax Number: _____

Please provide a brief description of the nature of your business operations and activities, and **of the area where the eligible losses to your operations occurred:**

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2. Financial Information

To be completed by Commercial Businesses and Non-profit Organizations only for those operations for which the Claimant is making this Claim for Payment. Please also attach a MONTHLY breakdown of your sales / revenues for each of the periods below.

If the Claimant is claiming Loss of Net Profits or Loss of Net Revenues, the following must be completed:

[a] Current financial year:

Provide the following information for the period starting from the beginning of current financial year to the day preceding the beginning of Eligible Period.

Actual Revenues / Sales		If the Claimant started business during current year [a], please indicate the number of months prior to Eligible Period:_____, and ignore [b], [c] and [d].
Cost of Sales		
Gross Margin		
Actual Variable Costs		
Actual Fixed Costs		
Net Profits / Net Revenues		

[b] Most recent completed financial year, if applicable: Last day of financial year: _____

Actual Revenues / Sales		If the Claimant started business during year [b], please indicate the number of months in the financial year:_____, and ignore [c] and [d].
Cost of Sales		
Gross Margin		
Actual Variable Costs		
Actual Fixed Costs		
Net Profits / Net Revenues		

[c] Second last completed financial year, if applicable: Last day of financial year: _____

Actual Revenues / Sales		If the Claimant started business during year [c], please indicate the number of months in the financial year:_____, and ignore [d].
Cost of Sales		
Gross Margin		
Actual Variable Costs		
Actual Fixed Costs		
Net Profits / Net Revenues		

[d] Third last completed financial year, if applicable: Last day of financial year: _____

Actual Revenues / Sales		If the Claimant started business during year [d], please indicate the number of months in the financial year:_____.
Cost of Sales		
Gross Margin		
Actual Variable Costs		
Actual Fixed Costs		
Net Profits / Net Revenues		

For purposes of this Claim for Payment Form, Variable Costs are defined as those costs that would normally fluctuate based on the level of sales or revenues generated, and Fixed Costs are defined as those costs that would normally be unchanged, over the reporting period, regardless of the level of sales or revenues generated. By way of example, Variable Costs would include such costs as avoidable costs, and Fixed Costs would include such costs as general overhead and other non-avoidable costs.

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3. Insurance

Name of Insurance Company: _____ Policy Number: _____
 Name of Broker: _____ Telephone: () _____
 Address of Broker: _____
 City: _____ Province: _____ Postal Code: _____

4. Calculation of Amount of Claim - Commercial Businesses and Non-profit Organizations

Please include amounts only for operations for which you are making this Claim for Payment.

Provide the following information for the Eligible Period:

	Estimate [A]	Actual [B]	Difference [C] = [A] - [B]
Revenues / Sales			
Cost of Sales			
Gross Margin			
Variable Costs			
Fixed Costs			
Extraordinary Costs			
Net Profits / Net Revenues			
Less: Amounts received or due from insurance company or other sources			
Total Amount of Claim			

Methodology for calculating estimated amounts

In calculating Estimated Revenues, Cost of Sales, and Variable Costs, Claimants may start with actual results for the applicable period, then take each item of Revenues, Cost of Sales, and Variable Costs, then recalculate such numbers to reflect the estimates based on expected operations without the Extraordinary Security Measures during the Eligible Period. Claimants may use other methodologies to calculate Estimated Revenues, Cost of Sales, and Variable Costs. In such event Claimants would be required to provide adequate substantiation and reasonable explanation supporting such alternative methodologies as producing more reliable estimates, in their own circumstances.

5. Calculation of Amount of Claim – Individuals

Provide total of Extraordinary Costs incurred by you during the Eligible Period, which were caused by or resulted from the Extraordinary Security Measures implemented for the Montebello Summit. This total should be net of any amounts recoverable from an insurance company or any other source:

Submit original copies of invoices and receipts for such Extraordinary Costs with adequate explanations - see Annex "A".

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6. Declarations and Acknowledgements by the Claimant:

- [a] all information provided in this Claim for Payment Form is accurate and complete;
- [b] the Claimant undertakes to subrogate to the Government of Canada all its rights of recourse against any third party for the damages subject to the monetary claim received, to the extent of the value of the monetary claim received;
- [c] in recognition of the monetary claim received, the Claimant renounces all rights and recourses that the Claimant might have had or claimed to have had against the Government of Canada with regard to any losses eligible under this Claim for Payment;
- [d] the Claimant undertakes to reimburse to the Government of Canada the monetary claim rewarded if the losses that it covers have been or will be covered by an indemnity from an insurance company or from any other source;
- [e] the Claimant did not contribute through acts or omissions to the loss or expenditure for which payment is sought;
- [f] the Claimant took the necessary measures to reduce to a minimum the losses incurred by the Claimant as a result of the Extraordinary Security Measures;
- [g] the Claimant undertakes to submit to the Summit Claims Office all requested information and additional documents within a period of thirty (30) days from the request to that effect;
- [h] the Claimant has not declared bankruptcy, has not made an assignment in bankruptcy, and is not an undischarged bankrupt;
- [i] any amount paid pursuant to this Claim for Payment may be subject to an audit, at the discretion of the Summit Claims Office;
- [j] the Claimant understands and accepts that upon failure by the Claimant to respect any of the above declarations and acknowledgements, the Government of Canada may, if it deems appropriate, refuse to process the Claim for Payment or demand reimbursement of the full amount of the monetary claim granted, or any portion thereof; and
- [k] the Claimant and the Undersigned have examined all the information provided herein, including all information provided under section 1, Identification of Claimant, and confirm that this information is accurate and complete, and that the information reveals the identity of the Claimant.

Signed at _____ this _____ day of _____, _____.

<hr/> <i>Signature</i>	<hr/> <i>Title</i>
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<hr/> <i>Surname (please print)</i>	<hr/> <i>First Name (please print)</i>
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Please mail, courier, or hand-deliver this completed and signed Claim for Payment Form together with all documents, as per Annex "A" by November 20, 2007 to:

**Summit Claims Office
1141 route de l'Église
Suite 306
Québec QC G1V 3W5**

Annex "A"

Documents to be Provided with the Claim for Payment Form

A. Commercial Businesses and Non-profit Organizations Only

1. Statements by the Claimant:

- [a] description of the activities of the business in general;
- [b] description of the operations that were affected by the Extraordinary Security Measures;
- [c] description of the constraints and facts that made it necessary to present a claim for losses;
- [d] description of measures taken by the Claimant to minimize its losses resulting from the Extraordinary Security Measures; and
- [e] explanation of the nature of losses and reasons for not including the same as part of amounts covered under insurance.

2. Historical Financial Information:

- [a] copies of Audited, Reviewed, or Notice to Reader financial statements of the Claimant that support and substantiate all information presented in section 2 of the Claim for Payment Form;
- [b] in the case of a Commercial Business or Non-profit Organization that started less than twelve months from the beginning of Eligible Period, copy of an annual budget and/or financial forecast submitted by the Claimant to a financial or governmental institution;
- [c] copy of the financial statements of the Claimant that support and substantiate actual information presented in section 4 of the Claim for Payment Form;
- [d] statements that breakdown revenues on a monthly basis of all financial information presented under section 2 of the Claim for Payment Form, together with reconciliation(s), if applicable; and
- [e] additional information as may be appropriate to substantiate the amounts included in the Claim for Payment.

3. Estimated amounts for the Eligible Period:

- [a] detailed description of how the Claimant calculated the estimated amounts presented in section 4 of the Claim for Payment Form, with an explanation of any and all anomalies between such estimates and actual amounts, with substantiation of the causal relationship between such anomalies and the Extraordinary Security Measures; and
- [b] if the Claimant relied on prior budgets or forecasts, copies of such budgets or forecasts broken down into monthly amounts of revenues and expenses, together with explanations of causal relationship between any losses and the Extraordinary Security Measures.

B. Individuals, Commercial Businesses and Non-profit Organizations Claiming Extraordinary Costs

4. Extraordinary Costs:

- [a] original invoices and receipts of all such extraordinary costs incurred by the Claimant that resulted from the Extraordinary Security Measures; and
- [b] a description of the nature of each such extraordinary cost and explanation of how it resulted from the Extraordinary Security Measures.