



Ministry of
Forests and Range

Schedule A Certificate of Project Completion

File:

This **Certificate of Project Completion** dated for reference the

th
day of

20 15 .

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, as represented by the MINISTER OF FORESTS AND RANGE

Ministry of Forests and Range
9th Floor 727 Fisgard Street
P.O. Box 9513 Stn Prov. Govt
Victoria, BC V8W 9C2

Phone Number: (250) 387-8903 **FAX Number:** (250) 387-2136
E-mail Address: John.McClarnon@gov.bc.ca

(the "Administrator")

AND:

Phone Number: () **FAX Number:** ()
E-mail Address:
Corporate Business Number:
WorkSafe BC and/or Personal Optional Protection Number:

(the "Recipient")

referred herein to as "the Parties".

WHEREAS:

-
- A. The Parties entered into a Recipient Agreement dated for reference the _____ ,
(hereinafter called the "Agreement"),
 - B. If any of the words in the Contract Documents are used in this schedule, they have the same meaning as in the Contract Documents unless the context dictates otherwise.
 - C. The Recipient represents and warrants as follows:
 - 1.01 The Recipient must use a photocopied, scanned or the pdf (provided by the Ministry that can be filled in digitally) of Schedule A and complete it for each project as per Section 12.04 of the investment Schedule.
 - (a) Schedule A must not be reprocessed, cut and pasted or modified in any way.

Recipient:
Investment Schedule No.:
Project Name or No.:

Financial

1.02 I, _____, in my capacity as _____ of _____ do hereby certify that the following matters are true and correct to the best of my knowledge, information and belief, as of the date of this certification:

1. I have personal knowledge of the financial matters of this Project.
2. The costs documented in the Project Completion Summary are consistent and in accordance with _____ the Agreement and the nature of the Project and are true, accurate and fair.
3. The Work complies with the tendering rules set out in the Recipient Agreement.

SIGNED AND DELIVERED by the authorized Certified Professional:	
Signature of Authorized Financial Certified Professional	Title
Printed name	Professional Designation
Dated this th day of _____ 20 15 .	

Recipient:
Investment Schedule No.:
Project Name or No.:

Technical

1.03 I, _____, in my capacity as _____ of _____ do hereby certify that the following matters are true and correct to the best of my knowledge, information and belief, as of the date of this certification:

1. I have personal knowledge of the technical matters of this Project.
2. The Project has been completed in accordance with the objectives and Standards and Specifications as set out in the Project.
3. The Outputs and findings documented in the Project Completion Summary are true, accurate and fair.
4. All data and deliverables required to be delivered to the Ministry or to other applicable governmental agencies pursuant to their respective rules, regulations, standards and specifications have been delivered to the appropriate agencies in the appropriate format.

SIGNED AND DELIVERED by the authorized Certified Professional:	
Signature of Authorized Technical Certified Professional	Title
Printed name	Professional Designation
Dated this th day of 20 ¹⁵ .	

Recipient:
Investment Schedule No.:
Project Name or No.:

Administrative

1.04 I, _____, in my capacity as _____
of _____ do hereby certify that the following matters are true
and correct to the best of my knowledge, information and belief, as of the date of this
certification:

1. The Work is not an obligation of the Recipient according to any provision of a statute, Order-in-Council or agreement under the *Forest Act*.
2. The Work has been completed and is in compliance with the terms and conditions of the Agreement.

SIGNED AND DELIVERED by the authorized Certified Professional:	
Signature of Authorized Representative	Title
Printed name	Professional Designation (if applicable)
Dated this th day of 20 15 .	

Recipient:
Investment Schedule No.:
Project Name or No.:

Choose one of the following options:

Option 1 – In-house Work

1.05 ☐ The project was done by the Recipient, its staff or associated persons.

Option 2 – Goods and Services Received for Subcontracted Work

1.06 ☐ The project was done by subcontractors.

1.07 I, _____, in my capacity as _____
of _____ do hereby receive, on behalf of the Ministry of
Forests and Range, goods and services for this Project that have been completed by
Subcontractor(s) and assure that such goods and services have been received in a
manner and quantity pursuant to Standards and Specifications (Receiving Authority):

SIGNED AND DELIVERED by the authorized Certified Professional:	
Signature of Authorized Representative	Title
Printed name	Professional Designation (if applicable)
Dated this <u>th</u> day of _____ 20 <u>15</u> .	