



DIRECT FUNDING COMPLIANCE REPORT

Agreement Number (the "Agreement")	Name of Individual supported by CLBC (“Individual”)	Date of Birth (yyyy/mm/dd)

Six month period covered by this Report (based on the agreement start date)	From (yyyy/mm/dd)	To (yyyy/mm/dd)

Pursuant to the Agreement referenced above, I certify that:

1. I have paid \$ for eligible respite supports during the period covered by this report;
2. I have maintained financial records, invoices and receipts sufficient to demonstrate how the money received has been spent;
3. the Individual was eligible to receive CLBC support throughout the period covered by this report;
4. the money received has not been paid to the spouse, parents or children of the Individual or to any other relative living in the same household as the Individual;
5. I am aware that failure to report in a complete, accurate and timely manner as prescribed by CLBC could result in the termination of the Agreement or the interruption of funding; and,
6. I am aware that I may be selected for audit and will submit financial records, invoices and receipts to CLBC if requested.

“Agent” Name (Please print)	Signature	Date signed (yyyy/mm/dd)

Phone Number	E-mail address

Keep original financial records, invoices and receipts for audit purposes. Do not attach them to this report. Mail or fax the completed and signed Direct Funding Compliance Report to:

Community Living British Columbia
Accounting Services
7th Floor – 1200 W 73rd Avenue
Vancouver, BC V6P 6G5
Fax: 604-664-0766 Phone: 604-664-0784