



PFP Attestation for individuals in receipt of income or honoraria

When claiming for reimbursement of costs for an individual in receipt of income or honoraria, you must submit a completed form with your claim to comply with the terms of your contribution agreement.

Recipient Name:

Name of person completing this form:

Name of Individual for whom this attestation is required:

Reference # used on Claim Form:

Please select the option which best describes the situation:

- A - The Individual is contracted by the Recipient (not employed).** The Individual and the Recipient are different persons and the Individual is **not** in receipt of a direct income from the Recipient. Please claim as “Professional Services – Expert fees” on the claim form.
- B - The Individual is in receipt of a direct income from the Recipient (employed), but the cost is related to a temporary replacement (backfill) so the individual can work on activities related to your participation.**
- C - The Individual is in receipt of a direct income from the Recipient (employed), but the cost is related to incremental time required for the Individual to work on activities related to your participation.** For example, employee is normally paid to work 20 hours per week but Recipient has them work an extra 10 hours.

By checking this box I acknowledge that in the event of an audit I will be required to present supporting documentation. I acknowledge that I cannot claim this cost if:

- The **Individual is in receipt of a direct income from the Recipient (employed)**. For example, the individual receives an annual salary and has been assigned to work on activities related to your participation as part of their duties.
- The Individual or Recipient is **in receipt of other income (duplicative payment)** for the time for which participant funding is claimed under the NEB’s Participant Funding Program.
- The **Individual and the Recipient are the same person**. The recipient cannot pay him or herself. PFP does not reimburse lost wages or costs not directly incurred by the recipient.

I am authorized to sign on behalf of the Recipient and I certify that the information provided is true and accurate to the best of my knowledge.

Signature

Date