COMMUNITY CEMETERY IMPROVEMENT PROGRAM

ACCOUNTABILITY FORM

The purpose of this form is to provide Lac La Biche County with information on your organization's project for which Community Cemetery Improvement Program funds were approved.

Directions for completing the Accountability Form:

- Complete, sign, and date the form;
- Return completed forms to:

  Attention: Community Grants
  Lac La Biche County
  Box 1679
  Lac La Biche, AB T0A 2C0
  or by email at grants@laclabichecounty.com

An Accountability Report is due by November 30 of the year in which the grant was approved.

PART 1

PROJECT IDENTIFICATION

Grant Year:
Amount of Funding Approved:
Cemetery:

PROJECT CONTACT INFORMATION

Project Lead

Name:
Phone Number:
Email Address:

Organization

Organization Name:
Organization Mailing Address:
Organization Contact Person:
Phone Number:
Email Address:

PROJECT STATUS

Is your Project Complete? (Have you incurred all the costs for which the grant funding will be used)

YES	

If your project is complete, go to PART 2 (next page) - DO NOT Complete Appendix A

NO	

If your project is still incomplete, skip PART 2 and complete APPENDIX A: REQUEST FOR PROJECT EXTENSION (PAGE 5)

PART 2

PROJECT FUNDING (REVENUES)

Please identify all the revenues for your project:

	Funding Sources (other than this grant program)	**($)**
A	Fundraising	
B	Other Grants/Donations	
C	Other	
D	**Subtotal (A+B+C):**	

E	**Community Cemetery Improvement Grant*:**	

F	**Total Project Revenues (D+E)**	

*Include *Community Cemetery Improvement Program* grant funding which has been approved but not yet received.

PROJECT EXPENSES- PAID EXPENDITURES

Identify all expenses for your project. The total expenses for your project **are** your total project costs. Do not include any in-kind contributions.

Payment Date	**Vendor**	**Brief Description of Services**	**Cost ($)**
		Total Project Cost:	

- Please include a separate sheet in the same format if your expenses include more 5 payments.
- Each expense must be backed-up with invoices and/or proof of payment. Proof of payment may be requested along with this report.

PROJECT OUTCOMES

1. Please provide a summary and brief description of the work that was completed for your project.

2. How has this project improved the longevity of the cemetery?

3. Please describe the community support from volunteers who helped make this project possible.

4. Were there any perceived or actual conflict of interests encountered when carrying out this project (yes/no)? If yes, please identify how this was addressed.

Please Provide a Photo(s) of the Completed Project

A. CERTIFICATION

I certify that the information provided in this report is complete and accurate and that the funds were expended as approved by Lac La Biche County. I am a duly authorized representative having legal/or financial signing authority.

(Signature of Authorized Representative)	(Date)
(Name of Authorized Representative)	(Title)
(Phone)	(Email)

Please keep a copy of your application for your records.

POPA Statement

The personal information that you provide to Lac La Biche County is being collected under the authority of Alberta's Protection of Privacy Act (POPA), Section 4(c). The information will be used for the purpose of administering the County's grant funding programs. For questions about the collection, use and disclosure of personal information, please contact the Access to Information and Protection of Privacy Act Coordinator at 780-623-1747.

APPENDIX A

COMMUNITY CEMETERY IPROVEMENT PROGRAM
REQUEST FOR PROJECT EXTENSION

If you require additional time to complete the project and spend approved grant funding, you may ask for a one year extension. For projects which are granted an extension, an accountability report will be due by November 30 of the following year.

What per cent of the project is has been completed so far? What work still needs to be done in order to complete the project?

Why was your organization unable to complete the project this year?

How will you ensure that the project is completed in the following year?

I request a one year extension for this project.

_____ _____

(Signature of Authorized Representative) (Date)

_____ _____

(Name of Authorized Representative) (Title)

_____ _____

(Phone) (Email)

Be sure to include PART 1 with your submission
Please keep a copy of your application for your records