CAPITAL PROJECTS ASSISTANCE GRANT

ACCOUNTABILITY FORM

PART 1

The purpose of this form is to provide Lac La Biche County with information on your organization's project for which Capital Projects Assistance Grant funds were provided.

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

1. PROJECT IDENTIFICATION

Organization Name: *(name of your organization from grant funding agreement)*	
Project Name: *(same as the project name submitted on the grant application and agreement)*:	
Agreement Date: *(date of your organization's signature on the funding agreement)*	
Amount of Capital Projects Assistance Funding Approved ($):	
Brief Description of Project (1-2 sentences): *(example: the project consisted of renovating a trailer and converting it into an outdoor stage and musical venue)*	

2. PROJECT DETAILS

1. Did your organization receive any other grant funding for this project? If yes, please identify the amount and the grant provider.

2. Please outline any unexpected challenges you experienced with your project.

3. Was there any changes to the project from the description outlined in the grant application you originally submitted to the County?

4. How has your project improved cultural/recreational services in Lac La Biche County?

5. 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.

PART 2

Please complete Part 2 (separate excel document) and submit it along with Part 1. Part 2 pertains to the project expenses (cash) and in-kind support.

Directions for completing Part 2.

- Only list eligible expenses.
- Include the invoice for each expense.
- Include at least 1 photo of your completed project.
- If your project includes in-kind support, please include your volunteer time tracking information.
- For donated materials or contracted services, provide a letter from the supplier that confirms the in-kind value.

See next page for certification

ACCOUNTABILITY REPORT CERTIFICATION

1. I certify that the information contained in this report and supporting documents is true and accurate.

2. I certify that I am duly authorized on behalf of the applicant organization to submit the final reporting.

3. I certify that the grant funding was expended in accordance with the grant funding agreement.

Organization Name	
Signature of Authorized Representative	
Name of Authorized Representative	
Title of Authorized Representative	
Phone Number	
Email	

Please keep a copy of this report for your records

POPA Statement

The personal information requested here is being collected under the authority of Alberta's Protection of Privacy Act (POPA), Section 4(c), which states that information may be collected if it relates directly to and is necessary for an operating program or activity of the public body, including a common or integrated program or service. Information is protected under the Act.

If you have any questions about the collection, use, or disclosure of the personal information provided, please contact the Access to Information and Protection of Privacy Act Coordinator at 780-623-1747.