



LAC LA BICHE COUNTY
 P. O. Box 1679 Lac La Biche, AB T0A 2C0
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 E-Mail: main.office@laclabichedcounty.com

Recreation/Culture - Capital Funding Request

Accountability Form 20 _____

Schedule "C"

Date: _____

Organization Name: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact Fax: _____

Contact E-Mail: _____

PROJECT DESCRIPTION (please include photos and all media clippings): _____

Project Commencement Date: _____

Equipment Make & Model: _____

Project Status: Complete Incomplete

Equipment Serial Number: _____

Project Completion Date: _____

BUDGET INFORMATION

EXPENDITURES	\$	Was this project accomplished efficiently? Explain. _____ _____	
TOTAL EXPENDITURES:		How can future projects be implemented more effectively? _____ _____	
TOTAL EXPENDITURES:		Will the implementation of this project provide more opportunities for Lac La Biche County residents? Explain. _____ _____	
REVENUE	\$		
FUNDRAISING INITIATIVES			
		Allocation of Capital Grant Funds	Allocation of Revenue Funds
OTHER FUNDING SOURCES			
LLB County Grant (no greater than 50%)	\$		
TOTAL REVENUE:			
TOTAL Funds to be returned to County:			

*Accountability Form must be submitted and received by Community Services by March 31st. Failure to supply all pertinent information will result in the refusal of all future Capital Grant Applications and County reimbursement.