



## CAPITAL PROJECTS ASSISTANCE GRANT

### ACCOUNTABILITY FORM

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 [carl.kurppa@laclabichecounty.com](mailto:carl.kurppa@laclabichecounty.com)

#### A. PROJECT IDENTIFICATION

Organization:	
Project Name (same as name submitted on the grant application):	
Grant Funding Year:	
Capital Projects Assistance Funding Approved (\$):	
Brief Description of Project (1-3 sentences):	

#### B. PROJECT FUNDING (REVENUES)

Please identify all funding sources (excluding Capital Projects Assistance Grant Funding) allocated for your project:

<b>Funding Source</b>	<b>(\$)</b>
Other Lac La Biche County Grants	
Federal/Provincial Grants	
Grants from Not-for-profit Agencies	
Corporate Grants	
Corporate/Business Donations	
Individual Donations	
Fundraising	
Organization's Own Funding	
Other	

Total Funding (excluding Capital Projects Assistance Grant funding)	
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**C. PROJECT EXPENSES- PAID EXPENDITURES**

Identify all the paid expenses for your project. The total paid expenses for your project **are** your total project costs. Do not include any in-kind contributions, unless previously authorized as a Project Cost by the County.

Payment Date	Vendor	Description of Services	Total Paid (don't include GST)
Total Project Cost:			

- Please include a separate sheet in the same format if your expenses include more than 8 payments.
- Each expense must be backed-up with invoices and/or proof of payment. Proof of payment may be requested along with this report.
- Depending on the size and scope of the project, a more detailed breakdown of the project work and associated expenses may be requested.

**D. PROJECT OUTCOMES**

1. Please identify the issue/problem the project was intended to remedy.

2. Please describe how your project has solved this issue/problem.

3. In addition to solving the immediate issue/problem identified earlier, what are the other benefits this project provides directly to the organization and its immediate clients?

4. How has this project benefited Lac La Biche County as a whole?

5. How many volunteers from your organization were involved in this project and how were they involved?

6. 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.

**E. 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