

## COMMUNITY DEVELOPMENT GRANT PROGRAM

### ACCOUNTABILITY FORM

The purpose of this form is provide Lac La Biche County with information on your organization’s program, project or operational activities that was funded with Community Development Grant Program funding.

This Accountability Form is due 90 days following your project completion date, unless otherwise specified in your grant agreement.

#### 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 County
  - or by email at [carl.kurppa@laclabichedcounty.com](mailto:carl.kurppa@laclabichedcounty.com)**
- For questions, contact Carl Kurppa, Grants and Policy Coordinator at 780-623-6794 or by email at [carl.kurppa@laclabichedcounty.com](mailto:carl.kurppa@laclabichedcounty.com)

#### **A. General Information**

Organization	
Contact Person	
Contact Email	
Contact Phone	
Contact Phone (cell)	
Project or Program Name: <i>(if operational funding was provided, indicate “operating”)</i>	
Start and Finish Date of Project or Program <i>(if operational funding was provided, indicate the period in which funding was applied)</i>	
Grant Funding Year (e.g. 2017/2018, 2018/2019)	
Provided Amount of Grant Funding (\$):	





Please describe how the community benefited from your program, project, or your organization's activities as part of its general operations. Please include benefits to specific demographics, as well as to the County as a whole.

How did the Community Development Grant funding assist your organization in the delivery of its program, project, or operations?

How were volunteers involved in the delivery of the program, project or operations of your organization?

Were there any perceived or actual conflicts of interest encountered with respect to the grant funded activities? If yes, please identify how this was addressed.

<p>Did the Community Development Grant Funding provided meet the needs of your organization?</p>
<p>How does the organization intend to fund its program or operations in future years? Is your organization or its program viable without Community Development Grant funding?</p>

As an authorized representative of the organization, I confirm that that the information provided in this report it true and accurate.

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**Please keep a copy of your application for your records**