

**RECREATIONAL/CULTURAL OPERATING FUNDING PROGRAM**  
**ACCOUNTABILITY REPORT**

The Purpose of this form is to provide Lac La Biche County with information regarding how operational funding provided under the Recreational/Cultural Operating Funding Program was spent.

All organizations which received grant funding under the Recreational/Cultural Operating Funding Program must complete this Accountability Report by March 31 of the year following the year which funding was provided.

Directions for completing the Accountability Form

- Complete, sign and date the form;
- Return completed accountability reports to:  
Lac La Biche County Recreational/Cultural Operating Program  
Box 1679  
Lac La Biche, AB T0A 2C0  
**or by email at** [carl.kurppa@laclabichecounty.com](mailto:carl.kurppa@laclabichecounty.com)
- For questions, contact Carl Kurppa, Grants and Policy Coordinator at 780-623-6794 or by email at [carl.kurppa@laclabichecounty.com](mailto:carl.kurppa@laclabichecounty.com)

**A. General Information**

Organization	
Contact Person	
Contact Email	
Contact Phone	
Primary Contact Phone (cell)	

**B. Grant Information**

Funding Year <sup>1</sup>	
Period in which grant funding was spent <sup>2</sup>	
Operational funding provided to your organization <sup>3</sup> (\$)	
Operational funding spent (\$)	
Unspent funding (\$)	

<sup>1</sup> Example: Funding issued in 2018 would be funding provided for year 2017/2018

<sup>2</sup> This will normally be your organization's fiscal year.

<sup>3</sup> This is the total operational funding approved to your organization in the funding year



### C. Organization Activities

Please provide a summary of the programs and services your organization provided during the period which the funding was spent. If your organization produces an annual report or other publication, you may include it with this report.

As an authorized representative of the organization, I confirm that that the information provided in this report it true and accurate and that the grant funding has been spent according to the eligible costs outlined in the Recreational/Cultural Operating Funding Program Procedure.

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

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

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

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

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

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

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