



## FN-24-101 AD HOC REQUESTS

### ACCOUNTABILITY FORM

The purpose of this form is to provide the Town of Bonnyville with information on your organization's activity, program, project, service or operational activities that was funded with Ad Hoc funding.

#### Directions for completing the Accountability Form

- Complete, sign, and date the form;
- Return completed applications to:  
Town of Bonnyville  
Bag 1006  
Bonnyville, AB T9N 2J7  
**or by email at [recreation@town.bonnyville.ab.ca](mailto:recreation@town.bonnyville.ab.ca)**
- For questions, contact the Town of Bonnyville Administration Office at 780-826-3496 or by email to [recreation@town.bonnyville.ab.ca](mailto:recreation@town.bonnyville.ab.ca)

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

<b>Organization Name:</b>	
<b>Contact Person:</b>	
<b>Contact Email:</b>	
<b>Contact Phone:</b>	
<b>Contact Phone (cell):</b>	
<b>Activity, Program, Project, Service, Etc. Program Name:</b> <i>(if operational funding was provided, indicate "operating")</i>	
<b>Start and Finish Date of Activity, Program, Project, Service, Etc.:</b> <i>(if operational funding was provided, indicate the period in which funding was applied)</i>	
<b>Funding Year (e.g. 2024, 2024-2025, 2025)</b>	
<b>Provided Amount of Town Funding (\$):</b>	



Please describe how the community benefited from your activity, program, project, service or your organization's activities as part of its general operations.

How did the Ad Hoc funding assist your organization in the delivery of its activities, program, project, service or operations?

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

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

Did the Town Funding provided meet the needs of your organization?

How does the organization intend to fund its activities, projects, program, service or operations in future years? Is your organization or its activities, projects, program or services viable without Town Ad Hoc funding?

**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 application organization to submit the final reporting.
3. I certify that the grant funding was expended in accordance with the grant funding agreement.

<b>Organization Name</b>	
<b>Signature of Authorized Representative</b>	
<b>Name of Authorized Representative</b>	
<b>Title of Authorized Representative</b>	
<b>Phone Number</b>	
<b>Email</b>	

Please keep a copy of this report for your records.

**FOIP Statement**

The personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c F-25, and is used for administering the Town's grant funding programs. If you have any questions regarding the collection and use of your personal information, please contact the Town's FOIP Coordinator at (780) 826-3496.