Bonnyville

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.

<u>Directions for completing the Accountability Form</u>

- 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

• For questions, contact the Town of Bonnyville Administration Office at 780-826-3496 or by email to recreation@town.bonnyville.ab.ca

A. General Information

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

B. Use of Town Funds

Please identify both the expense type and the amount of that expense which Town funding was applied towards. These expenses must be those for which Town funding was approved.

Expense (e.g. program materials, coordinator wages, etc.)	Total Expense Amount (\$)	Town Funding applied towards the expense (\$)
Total amount of Town Funding Spen	t*	

^{*}Must equal total grant funding provided, less any unused grant funding

C	Activity/Program	/Proiect	/Service	/Etc.	Outcomes

that Town funding was used fo	program, project, servic	ce or expenses

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.
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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?
Viable without fown Au Hot 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.

Organization Name	
Signature of Authorized	
Representative	
Name of Authorized	
Representative	
Title of Authorized Representative	
Phone Number	
Email	

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.