

City of Camrose Community Grants Accountability Statement

SECTION A – ORGANIZATIONAL INFORMATION

Name of Applicant or Organization:	
Ma	niling Address:
Со	ntact Name/Title://
Те	lephone:
En	nail:
SE	CCTION B – PROJECT, PROGRAM, EVENT OR SPECIAL INITIATIVE FORMATION
a)	Provide the name of Project, Program, Event or Special Initiative
b)	Provide the funding amount for the Project, Program, Event or Special Initiative \$
c)	Provide the date the funding was received for the Project, Program, Event or Special Initiative.
	Dated:// (mm /dd /yy)
d)	Describe how the grant was used, the benefits provided to your community and the number of volunteers and participants involved in comparison to the information provided on your original Application for Funding.

e)	Describe the reason for any significant variances from the original expected results.
SE	CTION C - ATTACHMENTS
Pro	ovide the following additional information if applicable:
	Financial Summary of the Project, Program, Event or Special Initiative if applicable
	Additional documents if necessary
SE	CTION D - SUBMISSION OF ACCOUNTABILITY STATEMENT
Sul	omit a completed Accountability Statement with attachments to:
City	y of Camrose y Hall c/o Financial Services
	04 – 50 Avenue mrose, AB T4V 0S8
Fax	x: 780.672.2469
	ail: financialservices@camrose.ca more information contact: 780.672.4426, Extension 1015
For	rm Completed By:
Sig	nature of Applicant or Organization:
Sig	nature of Applicant or Organization (printed):
Dat	ted:/ (mm /dd /yy)

The personal information that is being collected under Section 33 and is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have questions, contact the FOIP Coordinator at (780) 672-4426 ext. 1063.