



## Accounting of Historical Programs & Facilities Grant Funds

This accounting form has been designed to assist Yellowhead County in ensuring that grant funds are used according to the guidelines and that all funds distributed are accounted for accordingly. Yellowhead County requires that accounting forms be submitted within six months from the date the program / event was completed.

**Name of Organization** \_\_\_\_\_

**Name of Project** \_\_\_\_\_

1. Did the project meet your objectives? \_\_\_\_\_

2. Did the completed project differ from your original application? If so, how and why? \_\_\_\_\_

\_\_\_\_\_

3. What went well with your project? \_\_\_\_\_

\_\_\_\_\_

4. What would you do differently next time? \_\_\_\_\_

\_\_\_\_\_

5. How did your project benefit County residents? \_\_\_\_\_

\_\_\_\_\_

6. How many participants were involved? \_\_\_\_\_

7. How did you acknowledge the Yellowhead County grant contribution? \_\_\_\_\_

\_\_\_\_\_

8. Additional comments / suggestions: \_\_\_\_\_

\_\_\_\_\_

# FINANCIAL STATEMENT

(To be filled in after project is complete)

## ***Project Revenue:***

<u>Yellowhead County Grant</u>	\$ _____
Other Grants:	
1 _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Own Contributions:	
1. Cash	\$ _____
2. Donated labor / services:	
(Unskilled Labor) _____ hours @ \$15/hour	\$ _____
(Skilled Labor) _____ hours @ \$30/hour	\$ _____
Other Services (at verified fair market value):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
3. Donated material / equipment (heavy equipment, Including operator costs, \$60/hour):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>

**Project Expenditures:**

Value of volunteer labour / services	\$ _____
Value of donated material / equipment	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expenditures</b>	\$ _____
<b>Balance (Revenues minus Expenditures)</b>	\$ _____

Dated at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Printed Name

**Yellowhead County requires that the financial statement be submitted within six months from the date the project was completed.**