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## FINAL CFEP ACCOUNTABILITY REPORT (FCAR)

**Small Funding Stream**

|  |
| --- |
| Project Number: |
| Incorporated (Legal) Name of the Organization: |
| Project Name: |
| Grant Amount: |

**PLEASE READ THE INSTRUCTIONS ON THIS FORM CAREFULLY BEFORE BEGINNING**

**PART A – FINANCIAL ACCOUNTING REPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **PROJECT FUNDING**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. Community Facility Enhancement Program Grant Received: | | | **$** |  | |  | | |  |  | | **ADDITIONAL FUNDING RECEIVED AND SPENT ON THIS PROJECT:** | | | | | |  | | |  |  | | 1. Organization’s Cash Contributions: | | | **$** |  | |  | | |  |  | | 1. Other Alberta Government Grants (Please Specify): | | | | | |  | | | **$** |  | |  | | |  |  | | 1. Other Funding Sources (please choose all that apply) | | | | | |  | | |  |  | |  |  | Municipal Grant |  |  | |  |  | Federal Grant |  |  | |  |  | Community Foundation |  |  | |  |  | Fundraising |  |  | |  |  | Other: |  |  | |  | | |  |  | | Total Amount of Other Funding Sources: | | | **$** |  | |  | | |  |  | | 1. Interest Earned on CFEP Grant: | | | **$** |  | |  | | |  |  | | **TOTAL FUNDING** (A+B+C+D+E) | | | **$** |  | |

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| 1. **PROJECT EXPENSES**  |  |  |  | | --- | --- | --- | | PROJECT COSTS COMPONENT **(Please provide breakdown on the next page)** | | | |  |  |  | | 1. Donated Labour | **$** |  | |  |  |  | | 1. Donated Materials/Equipment/Services | **$** |  | |  |  |  | | 1. Total Paid Expenditures | **$** |  | |  |  |  | | **TOTAL PROJECT COST (F+G+H)** | **$** |  |   ***\*CFEP is a matching grant program. Your organization was required to match the CFEP grant funding. The Total Project Cost that needs to be reported on must be a minimum of double the CFEP grant amount.*** |

**CFEP FINANCIAL ACCOUNTING CALCULATION SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DONATED LABOUR** | | | | | | | | | | | | | | | | | |
| Actual detailed “Volunteer Sign-In Sheet” must be provided **when requested** for verification by the CFEP Office. | | | | | | | | | | | | | | | | | |
| Date (YY/Mth/Day) |  | Description of Work Done |  | No. of Volunteers | | |  | Total Hours Worked | | |  | Rate/hr. | |  | | Value of Work | |
|  |  |  |  |  | | |  |  | | | x | $ | | = | | $ | |
|  |  |  |  |  | | |  |  | | | x | $ | | = | | $ | |
|  |  |  |  |  | | |  |  | | | x | $ | | = | | $ | |
|  |  |  |  |  | | |  |  | | | x | $ | | = | | $ | |
|  |  |  |  |  | | |  |  | | | x | $ | | = | | $ | |
| *Please attach separate sheet in the same format if more than 5 items are listed.*  **TOTAL DONATED LABOUR/SERVICES** | | | | | | | | | | | | | | E | | $ | |
| **DONATED MATERIAL/EQUIPMENT/SERVICES** | | | | | | | | | | | | | | | | |
| Please include invoice(s) and/or donation letter(s) signed by the donor and printed on official company letterhead. Donated materials/equipment/services must be valued at fair market value that can be verified. | | | | | | | | | | | | | | | | |
| Date (YY/Mth/Day) |  | Description of Material/Equipment | | |  | Donated By | | | | | | |  | | Value of  Material/Equipment | |
|  |  |  | | |  |  | | | | | | |  | | $ | |
|  |  |  | | |  |  | | | | | | |  | | $ | |
|  |  |  | | |  |  | | | | | | |  | | $ | |
|  |  |  | | |  |  | | | | | | |  | | $ | |
|  |  |  | | |  |  | | | | | | |  | | $ | |
| *Please attach separate sheet in the same format if more than 5 items are listed.*  **TOTAL DONATED MATERIAL/EQUIPMENT** | | | | | | | | | | | | | **F** | | $ | |
| **PAID EXPENDITURES** | | | | | | | | | | | | | | | | |
| All payments made using the grant funds and matching funds must be verifiable.  Cheque/EFT numbers must be listed or provide Bank name and account number from which the payments were made.  Payments made using corporate credit cards must list the last 4-digits of the card.  If personal credit card was used, provide reimbursement details. | | | | | | | | | | | | | | | | |
| Payment Date (YY/MM/DD) |  | Payee and Description | | | | | | |  | Grant recipient’s  Cheque/EFT numbers or  Bank name and account number (cannot include cash payments) | | |  | | Total Paid  (include GST) | |
|  |  |  | | | | | | |  |  | | |  | | $ | |
|  |  |  | | | | | | |  |  | | |  | | $ | |
|  |  |  | | | | | | |  |  | | |  | | $ | |
|  |  |  | | | | | | |  |  | | |  | | $ | |
|  |  |  | | | | | | |  |  | | |  | | $ | |
| *Please attach separate sheet in the same format if more than 5 items are listed.*  **TOTAL PAID EXPENDITURES** | | | | | | | | | | | | | **G** | | $ | |

**TOTAL PROJECT COST (E+F+G) $**

**PART B – PROJECT IMPACT RESULTS**

1. What type of project did you complete? (please only check one)

|  |  |
| --- | --- |
|  | **upgrade** an existing public-use community facility:   * restore, refurbish, upgrade, or other initiatives to improve the general conditions of a facility to extend its useful life (regular repairs and upkeep required to maintain and operate the facility are excluded). |
|  | **expand** an existing public-use community facility:   * retrofit, redevelop, convert, arrange or rearrange existing or additional spaces based on evolving needs. |
|  | **purchase** an existing facility:   * acquire a facility to deliver new or existing programs and/or services. |
|  | **construct** a new public-use community facility:   * build a facility for the provision of a new or existing programs and/or services. |
|  | **equipment** purchase that is a stand-alone project supporting a public-use community facility/outdoor space as the project, including unlicensed motorized vehicles, appliances, equipment and furniture. |

1. Based on the type of project indicated above, what are the specific outcomes achieved with the project? (Please chose as many that apply)

|  |  |
| --- | --- |
|  | Extending the lifespan of public-use facilities and outdoor spaces |
|  | Extending the lifespan of green (outdoor) spaces |
|  | Improved safety for the facility/outdoor space |
|  | Improved facility/outdoor space accessibility |
|  | Improved usability of the public-use facility or outdoor space for a variety of activities, events and users. |
|  | Increased facility space and/or green space |
|  | Improved the climate friendliness of the facility |
|  | Economic activity is stimulated and job opportunities are created |

1. Please describe how the community need that was identified in the application was addressed with this project?

|  |
| --- |
|  |

1. Describe how the project had community involvement? If applicable, please include statistical information (e.g., number of participants, volunteers, community organizations, etc.)

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|  |

1. If you had one story to illustrate the impact of your grant (whether in the community, your organization or from the perspective of an individual), what would it be?

|  |
| --- |
|  |

1. What is your overall level of satisfaction with the Community Facility Enhancement Program?

Very satisfied Neutral Very dissatisfied

Somewhat satisfied Somewhat dissatisfied

What was the most rewarding and the most challenging about the program?

|  |
| --- |
|  |

1. Was the Government of Alberta recognized for its support of this project? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Website |  | Newsletter |  | Annual Report |
|  | Social Media |  | Newspaper / Local Media |  | Sponsorship Notice Onsite |
|  | Meeting |  | Public Event |  | Program Brochure |
|  | Other (please explain): | | | | |

*\*Details of funding recognition need to be provided upon request.*

If there was no Government of Alberta recognition, please explain:

|  |
| --- |
|  |

**PART C - CERTIFICATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **USE OF PHOTOGRAPHS, VIDEO OR QUOTATION**   |  |  | | --- | --- | |  | YES, we give permission to the Community Facility Enhancement Program (CFEP) within Alberta Arts, Culture and Status of Women to use any photograph, video or quotation provided as part of the final accountability report for the project. I understand this material may be used in Alberta Culture and Status of Women communications and documentation by the CFEP and may be made available to the public through a variety of means, including printed and electronic formats. | |  | NO, we do not give permission. | |  |  | |

**CONFLICT OF INTEREST**

As indicated in Section 11 of the CFEP Guidelines, an individual affiliated with a grant recipient should not place themselves in an apparent or actual conflict of interest when using the grant funds. Any conflict of interest must be fully disclosed to Alberta Arts, Culture and Status of Women. This includes any relationships between members of the grant recipient group, vendors, and donors.

There were no perceived or actual conflicts of interest in the carrying out of this project.

Or

There was a perceived or actual conflict of interest encountered in the carrying out of this project.

Please describe circumstances and how the conflict was addressed:

***Freedom of Information and Protection of Privacy Act***

Any personal information provided in this report will be used for the purpose of administering the Community Facility Enhancement Program; it is collected under the authority of section 33 (c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provisions of the Act. Should you have any questions about the collection of this information, please contact the CFEP program staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CERTIFICATION**  I certify that the above information is a **complete and accurate** financial accounting of the project, and that the **funds were expended on the project** as approved by the CFEP Office.  **I am a duly authorized representative having legal and/or financial signing authority**. | | | | | | |
|  |  |  |  |  |  |  |
|  | SIGNATURE |  | NAME (Please Print) |  | DATE |  |
|  | ORGANIZATION POSITION/TITLE | | |  | DAYTIME TELEPHONE NUMBER(S) |  |
|  | REGISTERED MAILING ADDRESS | | |  | E-MAIL ADDRESS |  |
|  | CITY/PROVINCE | | |  | POSTAL CODE |  |

Email your completed and signed Final CFEP Accountability Report with additional documentation as required to **Community Grants** at:[**CUL.CGAccounting@gov.ab.ca**](mailto:CUL.CGAccounting@gov.ab.ca)

**INSTRUCTION GUIDE**

**PART A – FINANCIAL ACCOUNTING REPORT**

The following information is provided to ensure that the CFEP financial accounting statement is fully completed and all supporting documentation required is included.

1. **PROJECT FUNDING**
2. **Please indicate the amount of the CFEP Grant received.**

1. **Other Government of Alberta Grants: Please list the type of grant, department or agency that provided grant, and amount of grant for all Alberta government funding used for this project.** *This would include but not be limited to grants received from Alberta Foundation for the Arts, Alberta Historical Resources Foundation, Human Rights, Citizenship and Multiculturalism Education Fund, Community Initiatives Program, the Agricultural Initiatives Program, and the unconditional lottery grant to Agricultural Societies. Total Alberta government grants, including Alberta Lottery Fund grants, must not exceed 50 percent of the total project funding.*
2. **Other Funding: Please check other sources of funding and enter the total amount of other funding for this project.**
3. **Any interest earned on the CFEP grant must be reported and spent on the project, but does not need to be matched.**
4. **EXPENSES INCURRRED ON THE PROJECT**
5. **Donated Labour: A complete breakdown of all donated labour must be summarized on the calculation sheet.**

* Donated labour should be tracked by date, type of activity, number of hours, skill level, contact information, and volunteer’s signature. A sample of a “Volunteer Sign-In Sheet” can be requested. Actual Volunteer Sign-In Sheet must be provided **when requested** for verification by the CFEP Office.
* Valuation of volunteerism and donations is based on:

⋅ $20/hour for unskilled labour working directly on the project

⋅ $35/hour for skilled labour\* working directly on the project

⋅ $70/hour for heavy equipment (including operator costs)

\*Skilled labour includes qualified trades and professionals specific to the donated work performed (e.g., ticketed electrician or plumber).

**F. Donated Materials/Equipment/Services: A complete breakdown of all donated material/equipment/services must be listed on the calculation sheet.**

* Donation letter(s) or invoices for all donated materials/equipment/services reported should be attached to this form. Donation letter(s) should be signed by the donor and printed on official company letterhead and invoice(s) should show the material/equipment/service was donated by the company.
* Donations will be accepted if a vendor provides a service or materials free of charge and the fair market value of these services or materials is identified as a donation. The fair market value of the services or materials must be verifiable.
* Donations whereby a vendor’s normal fee is altered to create a donation component in addition to a paid component will only be accepted if the normal fee is reasonable and verifiable.

NOTE:

* **Donated labour/services/material/equipment MUST be directly related to the approved project.** This excludes time spent in planning, attending meetings, fundraising activities, developing a business case or proposal for funding, volunteer recognition, promotional material, pre-construction activities such as meetings with contractors and obtaining quotes for the project, and ground breaking, opening and other ceremonial events.

**G.** **Total Paid Expenditures**: **A complete breakdown of all paid expenditures must be summarized on the**

**attached calculation sheet. For example:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment Date (YY/Mth/DD) | Payee and Description | | Grant recipient’s  Cheque/EFT numbers or  Bank name and account number (cannot include cash payments) | Total Paid  (include GST) |
| 16/Apr/01 | | ABC Ltd. - Playground Equipment | 1234 | $10,000.00 |
| 16/Apr/15 | | XYZ Gravel Inc. - Sand | 1235 | $1,000.00 |
| 16/May/02 | | AB Landscaping - Two Park Benches | 1236 | $300.00 |
| 16/May/05 | | AB Landscaping - Four Trees | 1237 | $200.00 |

|  |  |  |
| --- | --- | --- |
| **TOTAL PAID EXPENDITURES** | **G** | $11,500.00 |

1. **THIRD-PARTY (Projects carried out by a Third Party as approved in the CFEP Grant Application)** *- If the grant funds are being provided to a third party (e.g., municipality, school division) to carry out the project, please complete the CFEP Financial Accounting Statement as per steps below:*

***Step 1 - Complete the Paid Expenditures section***- Please indicate method used to transfer CFEP grant to an

approved third party.

|  |  |  |  |
| --- | --- | --- | --- |
| Payment  Date | Payments Disbursed To and Cost Description:  (please specify name of third party such as municipality, school) | Grant recipient’s  Cheque No. or EFT/Bank Reference No.  (cannot include cash payments) | Total Paid  (can include GST) |
| 16/Apr/01 | City of Edmonton – cheque to transfer grant | 1234 | $50,000.00 |

|  |  |  |
| --- | --- | --- |
| **TOTAL PAID EXPENDITURES** | **G** | $50,000.00 |

***Step 2 - Complete the Donated Materials/Equipment/Services section***– Please report total expenses paid by the third party on behalf of your group for this project. Subtract the grant funds and any other funds transferred to the third party.

|  |  |  |  |
| --- | --- | --- | --- |
| Payment  Date | Description of Material/Equipment | Donated By | Value of Material/Equipment |
| 16/May/01 | Construction and materials for the facility | City of Edmonton | $150,000.00 |
| 16/Apr/01 | **Less:** Grant transferred to the City of Edmonton |  | - $50,000.00 |

|  |  |  |
| --- | --- | --- |
| **TOTAL DONATED MATERIALS/EQUIPMENT** | **F** | $100,000.00 |

***Step 3 - Calculate the Total Project Cost (TPC)***- The TPC is E+F+G. For this example, there is no E and the

TPC is $150,000.00. *(calculated as: $100,000 of Donated Materials/Equipment by the third party plus the $50,000 expenses paid with grant funds).*

***Step 4 - Please attach a*** **signed financial report from the third party** showing detailed list of expenses and payment information (example: a signed report from the City of Edmonton listing actual expenses and payments).

**PART B – PROJECT IMPACT RESULTS**

CFEP has been designed to support organizations as they take action to contribute to their communities and to create opportunities for Albertans to engage with their communities. In order to measure the impact of the CFEP project to its grant recipients and their broader community, all questions must be answered and explained further on the space provided.

**PART C – CERTIFICATIONS**

Please read and choose “yes” if permission is given to use photographs, video and quotations. Please acknowledge whether or not there were any conflicts of interest pertaining to this project. The person signing the certification must have legal/financial signing authority for the organization received the grant.

**ADDITIONAL CONSIDERATIONS:**

* The grant recipient may be required to return any unexpended grant funds or grant funds not used for the purpose for which the grant was approved.
* Original documents and receipts must be kept by the grant recipient for seven years as per recognized accounting principles.
* Failure to meet the funding obligations to the satisfaction of the CFEP Office is grounds to restrict access to future funding.