## Town of Gibbons Recreation Subsidy Program Information

<u>Program Information -</u> The Town of Gibbons Community Services Department endeavors to provide an environment that promotes recreation, cultural and social programs that are essential to the physical, emotional and social development of children and youth. Gibbons Community Services administers a Program subsidy that will subsidize, when possible, Program fees for children whose caregiver (s) demonstrate an inability to pay for the Program.

## Guidelines

To qualify for the Program subsidy the applicant(s) must be a resident of the Town of Gibbons and have a combined *net* family income that should be less than listed below or have an extraordinary situation that would impact their ability to pay.

Family Size (Adults and Children)	2	3	4	5	6
Combined Income	\$41,000.00 or less	\$50,414.00 or less	\$61,209.00 or less	\$69,423.00 or less	\$78,296.00 or less

Program subsidies may be provided up to a maximum of \$200.00 per child per calendar year to a maximum of \$400.00 per family per calendar year.

Families wishing to access subsidization will be required to fill in an application that is developed through Community Services.

Applicants will be encouraged to pay an affordable portion of the Program fee whenever possible.

Applicants will be requested to identify other sources of funding that have been accessed in order to facilitate working partnership with other agencies or organizations in support of the child or youth.

Gibbons Community Services reserves the right to request proof of registration. Applicants who do not attend the registered Program may be required to return subsidized funds and may be deemed ineligible for future subsidies (unless reasonable cause for the failure to show is provided).

The subsidy will be issued by a cheque from the Town of Gibbons directly to the organization offering the program on behalf of the applicant.

Applications will be reviewed on a first come first served basis, and the number of applications processed will be based on the amount of subsidy provided within the Town of Gibbons annual budget.

The decision of the Community Services Department is final.

Recreation Subsidy Program Application										
Adult Information (parent/guardian)										
Name:	,									
Physical/Street Addres	S:									
Mailing Address:										
Home Phone:										
Email:										
Number of people in family: Adults Children										
Are you presently receiving government assistance? (SFI, AISH):										
		cate your source(s) of in	ncome:							
Part-time	Full-time	Alimony/child support	El	Other (please state)						
Please state approximate net earnings per month:										
In order that we may verify your earnings, please supply a photocopy of one of the following:										
T-4 Slip	Child Care Subsidy	Alberta Health Care	Alberta Child Health	Confirmation from your						
Child's Information	confirmation	premium subsidy	Benefit Card	social worker						
First Child's first name	<b>)</b> :									
Last name:		( CD: ()		1. A						
Gender: Male	<u> </u>									
Physical/Street Address (if different from above):										
Mailing Address:										
Second Child's first na	ame:									
Last name:										
Gender: Male		ate of Birth:	Current	t Age:						
Physical/Street Address (if different from above):										
Mailing Address:										
Program Registration	on Information									
First Child										
Program Name:										
Organization/Club:										
Start date:	End Date:									
Total Registration fee:										
Second Child										
Program Name:										
Organization/Club:										
Start date:		End Date:								
Total Registration fee:										
Request										
I wish to apply for	partial subsidy	Amount Requesting: \$								
I wish to apply for		<u> </u>								
Authorization	,									
I hereby certify that the information provided in this application for subsidy is valid. I understand that the decision of the Community										
Services Department is final.										
,										
Signature		Date								
Please forward applications to the address below. Allow two weeks for processing of applications.										
Gibbons Community Services Department Town of Gibbons Box 68 Gibbons Alberta TOA 1NO										

**Town of Gibbons** 

