

Town of Gibbons

Recreation Subsidy Program Information

Program Information - 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	7+
Combined Income (line 236)	Max \$44,530	Max \$54,744	Max \$66,466	Max \$75,385	Max \$85,021	Max \$94,659

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.

Town of Gibbons

Recreation Subsidy Program Application

Adult Information (parent/guardian)

Name: _____

Physical/Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Number of people in family: Adults _____ Children _____

Are you presently receiving government assistance? (SFI, AISH): _____

If you are not on social assistance, please indicate your source(s) of income:

Part-time	Full-time	Alimony/child support	EI	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 confirmation	Alberta Health Care premium subsidy	Alberta Child Health Benefit Card	Confirmation from your social worker
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Child's Information

First Child's first name: _____

Last name: _____

Gender: Male Female Date of Birth: _____ Current Age: _____

Physical/Street Address (if different from above): _____

Mailing Address: _____

Second Child's first name: _____

Last name: _____

Gender: Male Female Date of Birth: _____ Current Age: _____

Physical/Street Address (if different from above): _____

Mailing Address: _____

Program Registration 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 full subsidy

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 hand in at the Gibbons Family Resource Centre (5016 50 st) or forward applications to the address below. Allow two weeks for processing of applications.
 Mail: Gibbons Community Services Department Town of Gibbons Box 68, Gibbons AB T0A1N0