

# 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 \$47,549	Max \$58,456	Max \$70,972	Max \$780,496	Max \$90,786	Max \$101,076

Program subsidies may be provided up to a maximum of \$250.00 per child per calendar year to a maximum of \$500.00 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