

Municipality of Meaford

Children and Youth Recreation Fund Application Form



**Golden Town
Outreach**

All information provided on this application is Confidential

Funding

- Available for Municipality of Meaford residents, who are 18 years of age and younger.
- Funding to be used for recreational and cultural programming (see list)
 - o May be used for equipment and transportation associated costs
- Applicant must contribute a minimum of 10% of the total cost, with a minimum contribution of \$25.00.

Eligibility

- Applicants **MUST** be residents of the Municipality of Meaford.
- Family is in a demographic which would be considered in financial need.
(As defined by the Government of Canada)
- Proof of income may be requested.

Parent or Legal Guardian Information

First Name:

Surname:

Address:

Phone:

E-Mail:

Number of People in
Family

Number of Children
in Family

Source of Income

Please indicate your family's source of income:

Employment

Ontario Works

Spousal Support

ODSP

OSAP

Other:

Gross Annual Family Income (from all sources):

Name of Employer (if applicable):

Option	Size of Family Unit	Less Than \$30,000 Inhabitants (LICO)	Max. Threshold
1	1 person	\$19,540.00	\$59,540.00
2	2 persons	\$24,324.00	\$64,324.00
3	3 persons	\$29,903.00	\$69,903.00
4	4 persons	\$36,308.00	\$76,308.00
5	5 persons	\$41,180.00	\$81,180.00
6	6 persons	\$46,444.00	\$86,444.00
7	7 persons or more	\$51,709.00	\$91,709.00

From the options above, which annual family income, based on size, do you belong in?

- Option 1 Option 2 Option 3 Option 4 Option 5 Option 6
Option 7

DECLARATION: I am the applicant named above. I certify that all the statements in this application are true to the best of my knowledge. No information has been omitted or unreported.

Applicant Signature:

Date:

FOR OFFICE USE ONLY

Signature of
Reviewer:

Date:

Please complete one section for each child and for each activity.

1

Name of Child:

Age:

Date of Birth:
(MM/DD/YYYY)

Organization Name:

Organization Mailing
Address:

Type of Activity:

Duration (weeks,
class duration, etc.)

Registration Fee:
(Please provide a
statement)

Family Contribution
(10% of the total with a minimum of
\$25.00):

Amount of
Funding
Requested:

2

Name of Child:

Age:

Date of Birth:
(MM/DD/YYYY)

Organization Name:

Organization Mailing
Address:

Type of Activity:

Duration (weeks,
class duration, etc.)

Registration Fee:
(Please provide a
statement)

Family Contribution
(10% of the total with a minimum of
\$25.00):

Amount of
Funding
Requested:

3

Name of Child:

Age:

Date of Birth:
(MM/DD/YYYY)

Organization Name:

Organization Mailing
Address:

Type of Activity:

Duration (weeks,
class duration, etc.)

Registration Fee:
(Please provide a
statement)

Family Contribution
(10% of the total with a minimum of
\$25.00):

Amount of
Funding
Requested:

4

Name of Child:

Age:

Date of Birth:
(MM/DD/YYYY)

Organization Name:

Organization Mailing
Address:

Type of Activity:

Duration (weeks,
class duration, etc.)

Registration Fee:
(Please provide a
statement)

Family Contribution
(10% of the total with a minimum of
\$25.00):

Amount of
Funding
Requested: