

Funding Application Form and Guidelines

Guidelines for Georgina Cares Fund Applications

- **Eligibility:**
 - Applicants must be 18 years at time of application (or currently in Grade 12) or younger and nominated by an adult.
 - Applicants must be permanent residents of the Town of Georgina.
 - Applications are for individuals only, not organizations or groups.
- **Required Documentation:**
 - Copies of each parent/guardian's Canada Revenue Agency Notice of Assessment must be attached.
 - For self-employed parents, a copy of the T2125 form is also required.
- **Financial Disclosure:**
 - Full financial disclosure is mandatory for the application to be considered.
 - Incomplete applications will not be reviewed. Information is kept confidential.
- **Funding Request Details:**
 - Specify the total amount requested.
 - Attach a letter explaining the basis for the request, signed by the parent/guardian and the nominator (if applicable).
- **Verification:**
 - Applications related to medical, educational, or psychological needs require independent third-party corroboration.
- **Funding Limits:**
 - Maximum: \$1,000 per child per calendar year.
 - Family caps: \$3,000 yearly, \$4,000 lifetime.
 - Funding is temporary (up to three calendar years), regardless of limits.
- **Application Consideration:**
 - Applications are reviewed based on need and available resources at the time.
 - Funding amounts and terms are decided by the Board.
- **Activity Restrictions:**
 - Only one activity per child at a time is permitted.
 - Activities cannot overlap, and funding requests cannot exceed the yearly limit.
- **Timing of Applications:**
 - Applications must be submitted before the activity begins.
 - Funding will only cover costs from the approval date onward.
- **Payment Terms:**
 - Cheques are issued to the service provider or organization.
 - Exceptions may be made for recipients under special circumstances.
- **Application Deadlines:**
 - Submit applications well in advance of activity start dates.
- **Fraud Policy:**
 - Fraudulent use of funds will result in legal penalties and removal of funding.
- **Giving Back:**
 - Recipients are encouraged to give back by volunteering or donating to fund activities.
 - Submission of the application signs you up for the organization's newsletters and updates.
- **Liability:**
 - The Georgina Cares Fund and its organizers are not liable for injuries, harm, or losses related to funded activities or goods.

We want to support you, but we need your help to make it happen. Before completing this application form, please carefully review the guidelines on page 1.

To ensure your application is considered, **you must provide complete information and fill out all sections.** Incomplete forms cannot be processed.

Use the checklist below to confirm all necessary parts are included. Please initial each step once completed.

Checklist Item	Complete
1. The guidelines outlined on page 1 have been reviewed and acknowledged.	
2. A Letter of Support has been prepared to outline the rationale behind this request. Additional supporting documents may also be included.	
3. The applicant and/or nominator sections have been fully completed , ensuring all necessary details related to the application are included.	
4. The application, including pages 3 through 5, has been fully completed and appropriately signed.	
5. A copy of each parent/guardian's <u>current</u> Canada Revenue Agency Notice of Assessment has been attached. *If self-employed, a copy of your T2125 has also been attached.	

Letter of Support Instructions

To ensure your application is complete, please include a **Letter of Support** explaining why financial assistance is needed. This letter will help us understand your family's circumstances and approve funding for your child's participation in sports and recreation programs.

Your letter should include:

1. **Family Situation:** Briefly describe your current financial situation and why you need assistance. You can highlight challenges like job loss, medical expenses, or other financial hardships.
2. **Benefits for Your Child:** Share how this funding will positively impact your child's life. For example, you could explain how sports and recreation will improve their physical health, social skills, or confidence.
3. **Additional Information:** Mention anything else you feel is important for the board to know about your family and the support you need.

The letter doesn't need to be long. If you need help writing the letter, feel free to reach out to us for guidance.

Funding Application Form

****Please complete all sections. Refer to guidelines for details.****

SECTION 1: APPLICANT (Child) INFORMATION:					
Applicant's Full Name:				Birthdate:	
Address:					
SECTION 2: PARENT/GUARDIAN INFORMATION:					
Mother/Guardian Name:				Living with Applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:					
Phone:	Home		Work		Cell
Email:					
Father/Guardian Name:				Living with Applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:					
Phone:	Home		Work		Cell
Email:					
SECTION 3: NOMINATOR INFORMATION: <i>(Complete if you are not the parent/guardian)</i>					
Name:					
Address:					
Phone:	Home		Work		Cell
Email:					
Relationship to Applicant:					
*Attach a letter explaining your request and why you are applying on behalf of the applicant.					
SECTION 4: LIVING CONDITIONS: <i>(Complete if you are the parent/guardian living with the applicant)</i>					
Do you own your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly mortgage & tax payment amount:		
If you rent any portion of your home to another person/family member, how much are you receiving (monthly) in rental income?					
Do you rent your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly rent payment amount:		
How many dependents currently live in the household?					

SECTION 5: FINANCIAL INFORMATION:
(Complete if you are the parent/guardian living with the applicant. *You must provide answers to all questions.*)

Name:		Do you work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer:				
How long have you worked there?		Annual Income:		
Marital Status:		Does your spouse/partner work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse/Partner's Employer:				
How long have they worked there?		Annual Income:		

If the other parent/guardian does not live with the applicant, please fill out the next part.

Name of Parent/Guardian:		Do they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer:				
How long have they worked there?		Annual Income:		

Please list all the income you are currently receiving with the corresponding monthly amount:

Income Type	Amount (Monthly)	Income Type	Amount (Monthly)
ODSP Income Support		Spousal Support	
Ontario Works		HST	
Workplace Safety & Insurance		Universal Child Tax Benefit	
Employment Insurance		OTHER:	
Accident, Sickness, Disability Insurance		OTHER:	

If one parent does not live with the applicant, what is the total monthly amount of child support provided by that parent?

SECTION 6: FUNDING INFORMATION: (Please see the guidelines attached for funding limits)

What type of extra-curricular activity or special need (ie: sport/leisure activity, medical equipment, etc.) are you applying for?	
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Please provide details about the request, including the name of the organization, length and description of the activity.

What is the total amount being requested?	
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If the grant is required for medical reasons, please provide details and the name and phone number of the applicant's attending physician:

Has the applicant or their family received, or applied for, assistance from any other community organization or group related to this matter? Examples include PC Children’s Charity, Kerry’s Place, Jumpstart, York Support, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details about the request, including the name of the organization, duration and description of the activity.

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Is this the applicant’s first time applying for funding with Georgina Cares?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answered “yes” to the above, tell us how you heard about Georgina Cares:	
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SECTION 7: CONFIRMATION:

I hereby swear that the above information provided is true and correct to the best of my knowledge. I have attached a copy/copies of the recipient family’s **most recent** Canada Revenue Agency Notice of Assessment(s).

Signature of Nominator

I _____ as parent/guardian of the recipient, hereby indemnify and save harmless the Georgina Cares Fund, its directors, servants, agents and volunteers from any loss, damage or injury resulting from the recipient’s participation in the event or activity funded by the Georgina Cares Fund. By signing this application, I am certifying the accuracy of the information contained on this form and all attachments associated with this application and have read and understand all of the attached guidelines. I grant and permit the staff and Board of the Georgina Cares Fund the right to verify and validate the nature of my request, through any means deemed appropriate.

Signature of Parent/Guardian

All information provided in this application will remain strictly confidential. The Georgina Cares Fund’s Board of Directors retains the authority to verify the accuracy of the submitted details prior to approving any grants. Submitting this application does not guarantee any commitment or assurance from the Georgina Cares Fund. Grant approvals are solely at the discretion of the Board. The Board is not responsible for any verbal promises made concerning the Georgina Cares Fund

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