

Social Initiatives Funding Application

**This program is funded in part by the County of Grey.*

Application Criteria: Applicants must reside in Grey County, have family earnings of less than \$70,000.00 and have children under the age of 18 residing with them on a regular basis.

Through the Social Initiatives Funding program, eligible candidates may request subsidy for recreation activities (sports, art, music or drama programs, swimming lessons, camps, and fitness memberships). Please apply for Recreation Subsidy well in advance. Depending on available funds, the maximum subsidy available is:

- **\$650.00** per child per calendar year for families with a gross income less than \$40,000 per year
- **\$600.00** per child per calendar year for families with a gross income of \$40,000 – \$50,000 per year
- **\$550.00** per child per calendar year for families with a gross income of \$50,000 – \$60,000 per year
- **\$400.00** per child per calendar year for families with a gross income of \$60,000 – \$70,000 per year

Applicants are responsible for paying the activity provider 10% (but no less than \$10.00) of the total registration fee.

Required Sources of Income

Below is a list of some of the required sources of income that you will need to submit along with your application:

- Current total monthly household income information for adults providing household income (recent paystubs/ODSP/EI/ CPP/OAS/Canada Child Benefit/WSIB/Child Support/Alimony/Rental Income)
- Most recent Canada Child Benefit statement

If you wish to arrange a confidential meeting, or for more information please contact:

Kelly Scott

Social Initiative Coordinator

YMCA of Owen Sound Grey Bruce

700 10th Street East, Owen Sound, ON, N4K 0C6

T: 519-376-0484 Ext 218 | E: socialinitiatives@osgb.ymca.ca

Applicant (Parent/Guardian)

First Name: _____ **Last Name:** _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Applicants must be residents of Grey County. Please select the area in which you live:

- ☐ Blue Mountains (Thornbury/Clarksburg) ☐ Chatsworth ☐ Georgian Bluffs ☐ Grey Highlands
☐ Hanover ☐ Meaford ☐ Owen Sound ☐ Southgate ☐ West Grey

Birthdate of Parent/Guardian: _____ **Phone:** _____

Email: _____

Is this the first time you have applied for any Social Initiatives Funding (previously NCB) in Grey County?

- ☐ Yes ☐ No

If you answered NO, please indicate the source of your income:

Office Use:

Canada Child Benefit Amount Per Year: _____

Gross family income from all sources, for all members of the family unit: _____

Declaration

- ☐ I certify that all the statements in this application are true to the best of my knowledge and belief and no information required has been omitted or concealed. I also understand the information submitted on this application form will be shared with the Grey County Social Services Department.

I request and authorize the following:

- ☐ Registration information be shared with the activity provider and the subsidy cheque be sent directly to them on my behalf. I will pay my portion of the fee directly to the activity provider.
- ☐ OR, I receive reimbursement for receipts that I have submitted, and as such the activity provider will not be contacted by the Social Initiatives Funding program.

Applicant's Signature: _____ **Date** _____

Register First Child

Name of Child: _____ **Age:** _____

Birthdate: _____

Name of Activity Provider: _____

Address of Activity Provider: _____

Name of Activity: _____

Registration Fee: _____ **Cost of Equipment/Supplies:** _____

Family Contribution: _____ **Subsidy Requested in Total:** _____

Register Second Child

Name of Child: _____ **Age:** _____

Birthdate: _____

Name of Activity Provider: _____

Address of Activity Provider: _____

Name of Activity: _____

Registration Fee: _____ **Cost of Equipment/Supplies:** _____

Family Contribution: _____ **Subsidy Requested in Total:** _____

Register Third Child

Name of Child: _____ **Age:** _____

Birthdate: _____

Name of Activity Provider: _____

Address of Activity Provider: _____

Name of Activity: _____

Registration Fee: _____ **Cost of Equipment/Supplies:** _____

Family Contribution: _____ **Subsidy Requested in Total:** _____