



26557 Civic Centre Road, Keswick, Ontario L4P 3G1

FUNDING APPLICATION

We want to help you but we need your help. Please provide full information and complete all sections of the funding application. Guidelines to completing this form are included with this package.

Use the checklist below to ensure all necessary parts are complete and included in this package. **If incomplete, this package will not be considered.**

- ❑ 1. Applicant and nominator information has been completed. (All relevant information pertaining to the application has been included.)
- ❑ 2. Application has been signed.
- ❑ 3. A copy of each parent/guardian's Canada Revenue Agency Notice of Assessment has been attached.
- ❑ 4. A written letter is attached providing background as to the basis of this request.
- ❑ 5. All other letters are attached. (Should this be needed – please see application and guidelines.)

Please forward completed applications to:

**The Georgina Cares Fund
26557 Civic Centre Road
Keswick, ON
L4P 3G1**

If you have any questions, please contact:

**(905)476-4305 X517
georginacares@rogers.com**

THIS APPLICATION IS FOR: _____ **BIRTHDATE:** _____

Address: _____

Telephone: _____ Email: _____

Mother/Guardian Name: _____ Living With Recipient? _____

Father/Guardian Name: _____ Living With Recipient? _____

If one of the parents is not living with the recipient, what is the total amount of funds being provided by that parent: \$ _____

Please provide a list of **all** individuals residing in the dwelling, and their relationship to the applicant. **A Notice of Assessment for each individual providing income for the household must accompany this application.**

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own or rent your home? _____

Is either parent/guardian self-employed? _____
(If yes, please include copy of T2124)

NOMINATOR INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Business Phone: _____

Describe your relationship to the applicant: _____

APPLICATION INFORMATION

What is the nature (i.e. Sport/leisure activity, medical equipment etc.) of the grant applied for? Please provide details about the request including the name of the organization and the length and description of the activity. _____

What is the total dollar amount being requested? \$ _____

Is this the applicant's first request with Georgina Cares? If no, please provide details of prior grant request. _____

Other Information

If the grant is required for medical reasons, please provide details and the name and phone number of the recipient's attending physician: _____

Is the recipient or his/her family receiving some type of social assistance? Yes No

If yes, please provide details and a letter from your worker to verify your information: _____

Is the recipient of his/her family receiving, or have they applied for, any other type of aid from any other community group or association in regards to this matter? Yes No

If yes, please provide details: _____

Please attach a letter outlining the background or basis of this request and any additional information you feel may be important to include with your application.

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) to be submitted with this application.

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 also 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 applicable.

Signature of Parent/Guardian

The information provided on this application will be strictly confidential. The Board of Directors of the "Georgina Cares Fund" reserves the right to verify all information given prior to any grant being approved. Receipt of this application does not represent any promise on behalf of the "Georgina Cares Fund". All grants are subject to the decision of the Board. Any verbal promises made regarding the "Georgina Cares Fund" are not the responsibility of the Board.

GUIDELINES TO COMPETING THE APPLICATION FORM

The following guidelines have been established pertaining to all applications for funding from the Georgina Cares Fund. Please read carefully!

1. Recipients must be **15 years of age or under**, may only be **nominated by an adult** and must be a **permanent resident of the Town of Georgina**.
2. Applications must deal with individual recipients only. No applications will be accepted where the recipient is an organization or group.
3. Copies of each parent/guardian's Canada Revenue Agency's Notice of Assessment must accompany the application. The Board considers each application in the context of that family's need, complete disclosure of the recipient family's financial status is critical. **Incomplete applications will not be considered**. All information provided in the application process and on the application form will be help in **strict confidence**, and will only be used for the purposes of the application.
4. It is imperative that the application be specific as to the total amount of money requested. In addition, the **nominator must attach a letter providing written background as to the basis of the request**.
5. If an application is made for assistance for equipment, supplies or services in support of a medical, educational or psychological situation, the Board will require independent third party corroboration. When applying, the information required for the Board to verify all such requests independently must be provided.
6. **The maximum funding provided is \$500 per child per calendar year with a family lifetime maximum of \$2000**. Funding is based on each application, as it stands within the applications being considered and the resources available to the Board at the time of review. The actual funding amount and terms of funding are determined exclusively by the Board of Directors of the Fund.
7. Any funding that is granted will be issued in the form of a cheque payable to the group, organization or company that will be providing the goods of services applied for. Cheques will not be issued to the recipient unless the Directors of the Fund decide that there are mitigating circumstances to do so.
8. The Board meets several times per year to consider applications. To the greatest extent possible, these meetings correspond to the registration deadlines of the various youth activities occurring in the Town, however, no guarantee is made as to the suitability of the meeting dates to the requested purpose of the application.
9. All proceeds raised are disbursed throughout the calendar year. It is the Board's intention to fulfill as many requests as possible, until the funds are depleted.
10. Applications are reviewed on a first come, first served basis, and the Fund replies to every application as quickly as reasonably possible. All applicants considered by the Board will be notified in writing of the outcome of the application.
11. Anyone found guilty of receiving funding or goods by way of fraudulent means, will be subject to penalties under the law as well as removal of all funding or goods considered by the Georgina Cares Fund.
12. All applicants and recipients agree to indemnify and hold harmless the organizers, staff, sponsors, volunteers, the Board of Directors of the Foundation and the Georgina Cares Fund itself, from responsibility of any injury, harm or financial loss resulting from the recipient participating in any activity, or by any malfunction in equipment or goods provided/paid for by a grant from The Georgina Cares Fund, regardless of the cause.