

Community Services Department

"CAN I PLAY, TOO?" / "PLAY IT FORWARD"

Subsidy Program Details

The Municipality of Strathroy-Caradoc with the assistance of the County of Middlesex and the Dairy Farmers of Ontario, offers two subsidy programs known as "Can I Play, Too?" and "Play It Forward". The program provides financial assistance to families whom reside within the boundaries of Strathroy-Caradoc and whose financial situation creates barriers that limit children, in their care, from participating in community sports and recreation programs.

What Costs Are Covered?

- 1. Up to a maximum of 75% of the sport or recreational program registration.
- 2. Maximum subsidy per child is \$500.00 per year.
- 3. Maximum subsidy per family is \$1,000.00 per year.
- 4. Proof of Registration Cost Required (Copy of Invoice).

What Costs Are Not Covered?

- 1. Uniforms, not included in registration.
- 2. Equipment.
- 3. Volunteer Fees.
- 4. Fundraising Items.
- 5. Travel Costs.

How Does It Work?

- 1. Complete attached application along with proof of income (recent pay stub, Ontario Works, ODSP, T4, etc.) and submit to the Community Services Department.
- 2. All information collected will be used solely for the purposes of determining eligibility for the subsidy program and will be kept confidential as per the Municipal Freedom of Information and Protection of Privacy Act.
- 3. Applicants will be notified of acceptance or denial, for all submissions.
- 4. If application is accepted, the cheque(s) are issued directly to the service provider of said sports or recreation program from the Municipality of Strathroy-Caradoc.
- 5. If a child does not participate or drops out of the funded sports or recreation program, the municipality will expect a full or pro-rated refund of the program, paid on behalf of the funded recipient. Returned funds will be reinstated to the "Can I Play, Too?" program and available for future applications.
- 6. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

How Do I Apply?

- 1. Application forms are available at the Strathroy-Caradoc Municipal office at 52 Frank St. Strathroy or from the municipal website (www.strathroy-caradoc.ca).
- 2. Application forms are to be given directly to the Director of Community Services, or designate, for review.

"Can I Play Too?" / "Play It Forward"

Municipality of Strathroy-Caradoc- Community Services Department

The "Can I Play Too?" and "Play It Forward" programs have been established to support families who reside in the boundaries of Strathroy-Caradoc to enable the participation of children in sports and recreation programs by minimizing financial barriers for families in need. The emphasis will be placed on supporting programs offered in Strathroy-Caradoc but exceptions may be made at the department's discretion. The Department reserves the right to accept, deny, and make exceptions at its discretion, at any time. Subsidies will be paid directly to the approved sport or recreation program.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICANT NAME:		
ADDRESS:		
POSTAL CODE:	PHONE:	
PROGRAM NAME:		
PROGRAM ADDRESS:		
CHEQUE PAYABLE TO:		
CHILD(REN)'S NAME(S):		
BIRTH DATE(S):		
SUBSIDY AMOUNT REQUESTED:		
REGISTRATION COST OF PROGRAM:		
PROOF OF REGISTRATION COSTS ATTACHED (copy	of invoice) YES	NO
Statement of Eligibility: This subsidy program is solely intended to assist children, from Strathroy-Caradoc, whose financial limitations create a barrier to participation in sports and recreation programs. Your signature below acknowledges that you have read, understand and provided all of the information required and that information is accurate. False information may result in a denied submission or the request for further documentation.		
SIGNATURE OF PARENT(S) OR GUARDIAN(S)	: DATE:	
For Office Hoe Only		
For Office Use Only:		
Approved: Yes No Program Percentage Used: Can I Play Too? Play It Forward		
Amount: Date: Previous	us Applications: Amount	Date

All information will be used solely for the purposes of this subsidy submission.

FAMILY INFORMATION Parent/Guardian #1 Last Name: ______ First Name: _____ Address: Postal Code: Contact #: E-mail: Parent/Guardian #2 Last Name: ___ Address: _____ Postal Code: _____ Contact #: E-mail: # of children in household: _____ **EMPLOYMENT** (include all full and part-time employment) Parent/Guardian #1 Employment: Position(s): _____ Monthly Net Income: ____ Parent/Guardian #2 Employment:_____ Position(s): _____ Monthly Net Income:____ OTHER MONTHLY INCOME (include rent, alimony, child support, Disability benefits, E.I., Ontario Works or Ontario Disability Support Program and all other income sources other than employment) Parent/Guardian #1 Other Income: Source:_____ Monthly Net Income: Parent/Guardian #2 Other Income: Source: Monthly Net Income:_____ We/I certify that the above information is correct. Parent/Guardian #1 Signature: _____ _____ Date:_

Parent/Guardian #2 Signature: _____ Date: _____

Program Administrator Signature: ______ Date: _____