



POLICY TITLE: You Can Play Too! Grant
POLICY #: R-004-001
EFFECTIVE DATE: May 11, 2009
ADOPTED BY COUNCIL ON: May 11, 2009
RESOLUTION #: R-004-001
SUPERCEDES: C-004-007
USE IN CONJUNCTION WITH: RECREATION, PARKS & CULTURE DEFINITIONS POLICY

POLICY STATEMENT

The Town of Sylvan Lake is a vibrant, progressive community that recognizes financial obstacles that prevent residents from participating in Town-based recreation and leisure activities. Through the You Can Play Too! Grant Program the quality of life and well-being of citizens of Sylvan Lake will be enhanced.

PURPOSE

The purpose of the Town of Sylvan Lake You Can Play Too! Grant Program is to help community members remove or minimize the barriers to recreation and leisure activity programs that will enhance social, physical and cognitive skills.

PROCEDURES

1. Criteria

- 1.1 You Can Play Too! Grant Fund monies are available to residents within the Town of Sylvan Lake;
- 1.2 All applications must be for programs or activities being held within the Town of Sylvan Lake;
- 1.3 Applications will be accepted at any time, with the monthly deadline for review the second Monday of each month;
- 1.4 In order for an individual to be eligible for monies from the You Can Play Too! Grant Fund the following criteria must be met:
 - 1.4.1 The completed application form must be submitted;
 - 1.4.2 All requested financial information must accompany the application.

1.4.3 Funding Recipients must:

- a. Enter into a “Letter of Agreement” with the Town of Sylvan Lake if the application is approved;
- b. Agree that any funding shortfalls will be their responsibility;

2. PROCESS

- 2.1. Individuals will be responsible for completing the You Can Play Too! Grant Fund application form, which will be available through the Recreation, Parks & Culture Office or the Town of Sylvan Lake web-site.
- 2.2. Applications must be received by the established deadline.
- 2.3. The Recreation, Parks & Culture Director, or delegate, will review all applications for eligibility and completeness of information.
- 2.4. Applications that have met the required eligibility criteria and include the required information will be forwarded to the Committee for review.
- 2.5. The Committee will provide approval or denial of the applications.
- 2.6. The Recreation, Parks & Culture Department will notify all applicants of the decision regarding their application for You Can Play Too! Grant Fund monies.
- 2.7. Funds will be distributed to the successful applicants upon the signing of a written “Letter of Agreement” by the applicant.

3. Maximum Funding

- 3.1. Maximum funding amounts are:
 - 3.1.1. \$100 per request per person
 - 3.1.2. Maximum of \$200 per person per calendar year.



You Can Play Too! Application For Funding

The Town of Sylvan Lake will subsidize, when possible, Recreation and Culture fees for families, individuals and seniors who are unable to pay for programs, memberships and admissions that would contribute to their personal growth and community involvement. Through this program the quality of life and well-being of Sylvan Lake citizens will be improved, creating a strong and healthy community.

Application Process:

Applications may be submitted at any time providing the application is complete however applications will only be reviewed once per month. Submission deadline is the second Monday of each month. Please ensure application is complete as in-complete applications will be returned for all applicable information and only complete application will be considered. If you have any questions or need assistance completing the form please call the Recreation, Parks and Culture office at (403)887-1192 ext 508 and speak with Monique Pummings.

Applications will be reviewed monthly by the Community Services Committee at their regularly scheduled meeting and all applicants will be contacted within 3 days of the Community Services Committee meeting.

Additional Information:

- Applicants are encouraged to pay an affordable portion of the program fee.
- Applicants must not have received subsidy for the program from other sources.
- If the Applicant does not attend the registered course/program, future applications for assistance may be affected.

You must also include the following with your application in order that we may verify your earnings:

- Copy of current pay stub

Please complete this application form, and return in a sealed envelope to:

**Town of Sylvan Lake
Recreation Parks and Culture Department
You Can Play Too!
4804 48 Street
Sylvan Lake, AB T4S 1M6**





SECTION A – APPLICANT INFORMATION

Date of Application: _____

Participants Name: _____

Guardians Name (If Applicable): _____

Complete Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

SECTION B – CONFIDENTIAL FINANCIAL INFORMATION

Print the number of Adults in your household that are described by each of the following:

Employed Full-time	_____	Receiving Financial Aid	_____
Employed Part-time	_____	Unemployed	_____
Maternity Leave	_____	Self-employed	_____
Student	_____	Seniors Benefits	_____



Please complete the following information based on your most recent income tax return(s) and attach photocopies for each adult of the Option C form from Canada Revenue Agency.

	Total Income as per Line 150 of your tax return
Wage Earner #1 income	\$ _____
Wage Earner #2 income	\$ _____
Child Support Payments received	\$ _____
TOTAL	\$ _____

SECTION C – EXCEPTIONAL CIRCUMSTANCES

Please provide additional details beyond the financial indicators above.

Indicate the names of Adults, Seniors and/or Children requesting participation:

Name	Circle One	Programs you wish to attend or passes you would like
	Adult/Child/Senior	
	Adult/Child/Senior	
	Adult/Child/Senior	
	Adult/Child/Senior	



Current Funding Request:

Amount of Funding Requested: \$ _____

Category of Request: Equipment / Transportation / Financial (please circle)

Specifics of Request: _____

I, as the parent or guardian, am able to contribute the following portion towards the program cost:
75% 50% 25% Not able at this time

Do you have any special skills or talents that you can contribute and give back to the program?
We need people that are interested in helping out (for example with childcare, instructing or assisting with programs). If you have children, we can work out volunteer opportunities for you either while your children are participating in an activity or where you can bring them with you.

Are you interested in giving back to the program by volunteering? Please circle: **Yes** **No**

If you are interested in volunteering in a specific area please indicate what you will be interested in and what times you would be available.

How did you learn about this program? _____



I hereby certify that the information I have provided in this application and in any documents attached is correct and complete. I also understand that financial and other information provided is confidential.

Signature: _____

Date: _____

The personal information on this form is collected for the purpose of processing your application. It may be disclosed to report on and/or verify funding allocations. It is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the FOIP coordinator (403-887-2141).

Office Use Only:

Date Application Received: _____

All Documentation Received: _____

Application Approved/Not Approved _____

Amount of Subsidy to Receive: _____