



c/o 26557 Civic Centre Road, Keswick, Ontario L4P 3G1
(289)338-3863 georginacares.ca georginacares@rogers.com

Funding Application Form and Guidelines

GUIDELINES TO COMPLETING THE APPLICATION FORM

The following guidelines pertain to all applications for funding from the Georgina Cares Fund. *Please read carefully!*

1. Applicants 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. Applications must deal with individual recipients only. No applications will be accepted where the recipient is an organization or group.
2. **Copies of each parent/guardian's Canada Revenue Agency's Notice of Assessment must accompany the application.** If a parent is self-employed, a copy of their T2125 must also be attached to the application form.
3. The Board considers each application in the context of that family's need, complete disclosure of the applicant 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 held 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 parent/guardian and the nominator (if there is one) 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. **PLEASE READ CAREFULLY, AS OUR FUNDING LIMITS HAVE CHANGED.** The maximum funding provided is \$500 per child per calendar year with a yearly family cap of \$1,500 and a family lifetime maximum of \$2,000. In keeping with our mandate of helping families on a temporary basis, funding will only be provided for families for three calendar years, even if the monetary limit has not been met.
7. 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.

8. The Board will only consider one activity at a time per child. More than one application can be submitted during a calendar year but the activities being applied for cannot run simultaneously and the total requested cannot exceed maximum funding limits.
9. The Board will not accept applications for programs that have already started or taken place. Applications must be submitted well in advance to the start of the activity. If the activity is on-going, the Board will only approve funding from the point at which the application has been approved.
10. 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 or services applied for. Cheques will not be issued to the recipient unless the Directors of the Fund decide there are mitigating circumstances to do so.
11. 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. It is the family's responsibility to make sure the application is submitted well in advance of any activity start date to ensure it will be reviewed by the Board.
12. 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.
13. If approved for funding, our organization would appreciate you giving back in whatever way possible. This could be mean by volunteering your time at one of our events (A great way for kids to earn their volunteer hours!) or through donation of items to our live TV auction or by volunteering your time at one of our events. By submitting this application, you will automatically be signed up for our monthly electronic newsletter or for our periodic mailings to receive information about our organization, upcoming events or ways you can help out.
14. All applicants, their families and nominators 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 applicant 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.



We want to help you but we need your help. Prior to completing the application form, please read the guidelines on page 1 and 2. When filling out the application, you must provide full information and complete all sections in order to be considered. ***If incomplete, this package will not be considered.***

Please use the checklist below to ensure all necessary parts are complete and included in this package. Initial when each step is complete:

<i>Checklist Item</i>	<i>Complete</i>
1. I have read the guidelines.	
2. Applicant and nominator information has been completed. (All relevant information pertaining to the application has been included.)	
3. Application (pages 3-6) are completed and signed.	
4. A copy of each parent/guardian's current Canada Revenue Agency Notice of Assessment has been attached. If self-employed, a copy of your T2125 has also been attached.	
5. A letter is attached providing background as to the basis of this request. You may also include other supporting documents.	

Application Summary

Name of Applicant (child):	
Age of Applicant:	
Activity Being Requested:	
Amount Being Requested:	
Application Completed By:	
Relationship to Applicant:	
How did you hear about Georgina Cares?	

For Office Use Only

Date Received:	
Date Completed:	
Date Reviewed:	



Funding Application Form

Please fill in all sections. See guidelines for more information.

SECTION 1: APPLICANT INFORMATION:

Full Name of Applicant(child):			
Address of Applicant:			
What School Do They Attend:		Birthdate(d/m/yr):	

SECTION 2: PARENT/GUARDIAN INFORMATION:

(Please complete if you are the parent/guardian of the applicant. *You must provide answers to all questions.*)

Mother/Guardian Name:		Living with Applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Mailing Address:				
Telephone:	Home	Work	Cell	
Email:				

Father/Guardian Name:		Living with Applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Mailing Address:				
Telephone:	Home	Work	Cell	
Email:				

SECTION 3: NOMINATOR INFORMATION: (Please complete if you are NOT the parent/guardian of the applicant)

Name:				
Address:				
Telephone:	Home	Work	Cell	
Email:				
What is your relationship to the applicant?				

As the nominator, you must include a letter outlining the basis of your request and why you are submitting an application on behalf of the applicant/family.

SECTION 4: LIVING CONDITIONS: (Fill out section 4 if you are the parent/guardian living with the applicant.)

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:	
If you are paying rent to a family member/friend, please identify the relationship:				
Does anyone else live in the household besides you and the applicant?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list all individuals residing in the household and their relationship to the applicant: (This includes other children, relatives, stepparents, etc)	Name	Relationship	Name	Relationship

Is there any other person living at this address (under the same roof)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name and relationship to the applicant: (This includes landlords, tenants, etc.)	Name	Relationship	Name

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"/>
If yes, who is your employer:				
How long have you worked there?		Annual Income?		
Marital Status:		Does your spouse/partner work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who is their 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 other parent/guardian:		Do they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who is their employer:				
How long have they worked there?		Annual Income?		

Please list all forms of income you are currently receiving and the amount (monthly):

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 of the parents is not living with the applicant, what is the total amount of funds (child support, etc.) being provided by that parent (monthly)?:	
---	--

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?:	
---	--

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?:	
--	--

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

Is the applicant or 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? (ie: PC Children’s Charity, Kerry’s Place, Jumpstart, York Support, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If yes, please provide details about the request, including the name of the organization, duration and description of the activity.

Is this the applicant’s first time applying for funding with Georgina Cares?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If you answered no to the above, please provide details of prior grant requests and any amounts received:

Date	Details of request	Amount Received

If you answered “yes” to the above, tell us how you heard about Georgina Cares: _____

SECTION 7: OTHER INFORMATION:

Please describe any special circumstances (medical or otherwise) we should be aware of with respect to the applicant:

NOTE: It is critical to attach a letter outlining the background or basis of this request. Include any additional information you feel may be important in order to assist the board in evaluating the application.

SECTION 8: 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

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 exclusively subject to the decision of the Board. Any verbal promises made regarding the Georgina Cares Fund are not the responsibility of the Board.

**The Georgina Cares Fund: c/o 26557 Civic Centre Road, Keswick, Ontario L4P 3G1
(289)338-3863 georginacares.ca georginacares@rogers.com**