



Municipal Recreation Subsidy Program

General Information

The City of Peterborough offers a municipally funded Recreational Fee Subsidy Program to assist qualifying families with the registration cost of recreational programs, sports, activities and camps.

To be eligible, you must reside within the City of Peterborough, and meet the financial eligibility criteria identified in the chart below. You may be able to receive either a full or partial subsidy based on your family circumstances.

| FAMILY SIZE | INCOME CUT-OFF | MAXIMUM PROGRAM SUBSIDY (Per child Per yr) |
|--------------------|-----------------------|---|
| Up to 5 | Up To \$39,000 | \$200 |
| | \$39,001 - \$42,300 | \$100 |
| 6 | Up To \$42,300 | \$200 |
| | \$42,301 - \$47,100 | \$100 |
| 7+ | Up To \$47,100 | \$200 |
| | \$47,101 - \$51,900 | \$100 |

Recipients of Ontario Works and ODSP

Please contact Social Services at 705-748-8830 to inquire about your eligibility for discretionary benefits. Applications can also be submitted to Canadian Tire Jumpstart online at <http://jumpstart.canadiantire.ca/en/what-we-do/want-to-apply>.

How to Apply

Please complete the attached application and provide the following:

- Verification of your place of residence
 - Acceptable forms of verification include: rent receipt, property tax assessment or official residential billing ie. PUC or Enbridge
- Identification for yourself and spouse (if applicable)
 - Acceptable forms of verification include: health card, birth certificate, driver's license or passport
- Identification for all dependent children in your care
 - Acceptable forms of verification include: health card, birth certificate or passport
- Verification of family income – please provide one of the following:
 - Most recent Notice of Assessment – Line 236 (NOA) from Revenue Canada for applicant and spouse (if applicable)
 - Most recent Annual Canada Child Tax Benefit statement showing family income
- Program information
 - Details of the program or camp in which your child would like to participate

Notification of Eligibility

Eligibility is dependent on meeting the criteria above and the availability of funds. Your application will not be considered until all of the required documents are received. You will be notified of your eligibility by phone or email within ten (10) business days of submitting your application. The registration will be completed on your behalf if the program is offered by the City of Peterborough. Confirmation of the registration will be emailed to you. You will be required to pay any fees not covered by the subsidy at the time of registration. For programs not offered by the City, you will receive a letter stating that the registration fees will be paid on your behalf. You will need to forward the letter to the program provider to complete the registration process. Any outstanding fees must be directly to the program provider. Payment will be issued directly to the program provider within 10 to 14 business days after they have returned to the letter verifying the registration. Your application will be valid for a period of ninety (90) days.

Request for Reimbursement

You may request a reimbursement if payment for registration was made prior to applying for subsidy. To be eligible for a reimbursement your request must be submitted within 30 days of paying the registration fees. Requests made in excess of 30 days will not be considered.

Please direct any questions to the Recreation Division Subsidy Administrator at 705-742-7777 ext. 1827.

Additional Funding



Canadian Tire Jumpstart

Jumpstart is available to assist children ages four to 18 from families in financial need with registration fees and equipment. Applications can be completed online at: <http://jumpstart.canadiantire.ca/en/what-we-do/want-to-apply>.

If you do not have access to a computer please contact the Recreation Division at 705-742-7777 ext. 1827 for assistance with your application.

The Big Play

The Big Play is a joint program between Canadian Tire Jumpstart Charities and the Hockey Canada Foundation, which gives children ages four through 18, the opportunity to play organized hockey. The Big Play provides funding of up to \$500/per child, subject to Jumpstart's other funding maximums and/or local demands and applications will be approved on a first come, first served basis. Applications must be submitted online at <http://jumpstart.canadiantire.ca/en/the-big-play> . If additional funding is required consideration can be given through the Recreation Subsidy.

For a complete list of sport subsidies visit

www.peterborough.ca/Living/Recreation/Subsidy_Program.htm

(See Next Page for the Application)

2019 SUBSIDY APPLICATION

PART A APPLICATION INFORMATION

| | | |
|---|--|-------------|
| Applicant Name (Main contact) | | |
| Last name | First name | |
| Address | | Apt./Unit # |
| City | Province | Postal Code |
| Home phone | Cell phone | |
| <p>Email Address:</p> <p>I give my consent for the Recreation Subsidy Administrator to communicate my eligibility and to provide the Verification of Subsidy through email <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: I understand that the internet is not a secure method of communication and may contain my confidential information.</p> | | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed | | |
| Spouse Name (if applicable) | | |
| Do you or your spouse receive income from any of the following sources: (Please check all boxes that apply) | | |
| <input type="checkbox"/> Employment <input type="checkbox"/> Training Allowance <input type="checkbox"/> Rental/Boarder Income <input type="checkbox"/> Self Employment <input type="checkbox"/> Student Loans <input type="checkbox"/> Ontario Works <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> WSIB <input type="checkbox"/> Old Age Security | | |
| If so, please indicate the source and amount received monthly: | | |
| Revenue Canada Income Information: | | |
| Please enter below the amount as shown on line 236 from the Notice of Assessment for the last tax year or enter the family income as shown on the Canada Child Tax Benefit annual statement | | |
| Applicant's Income: | Spouse/Partner's Income (if applicable): | |

Total Household Income:

**PART B
DEPENDENT CHILDREN INFORMATION**

Total Number of children in the family unit aged 18 years or younger:

Please list all eligible dependents below:

| Child Name | Age | Date of Birth (YYYY/MM/DD) | Gender |
|------------|-----|-------------------------------|---|
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

**PART C
ABSENT PARENT INFORMATION:**

If applying as a single parent or foster parent please provide the following details about the absent parent(s). If not applicable skip to Part D:

| | |
|---------|--|
| Name | |
| Address | |
| Details | Is the Absent Parent Paying 50% of the registration fee: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details: NOTE: Assistance with the entire cost will only be considered if the absent parent is Deceased, Incarcerated, Estranged, In receipt of Social Assistance, Incapacitated, has a History of abuse or violence towards the applicant or dependent children, or if it would create undue hardship for the applicant to pursue. |

**PART D:
PROGRAM DETAILS**

| |
|---|
| Please provide details of the program you are requesting assistance with: |
| Name of Child: |
| Program Name: |
| Program Provider: |
| How many weeks will the program run: |
| Start date of program: |
| Time of program: |
| Program Cost: |

| |
|---|
| Please provide details of the program you are requesting assistance with: |
| Name of Child: |
| Program Name: |
| Program Provider: |
| How many weeks will the program run: |
| Start date of program: |
| Time of program: |
| Program Cost: |

| |
|---|
| Please provide details of the program you are requesting assistance with: |
| Name of Child: |
| Program Name: |
| Program Provider: |
| How many weeks will the program run: |
| Start date of program: |
| Time of program: |
| Program Cost: |

| |
|---|
| Please provide details of the program you are requesting assistance with: |
| Name of Child: |
| Program Name: |
| Program Provider: |
| How many weeks will the program run: |
| Start date of program: |

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|------------------|
| Time of program: |
| Program Cost: |

**PART E
FUNDING PREVIOUSLY RECEIVED FROM THE CITY OF PETERBOROUGH**

| |
|--|
| Have you received assistance from the City of Peterborough previously this year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date received and amount: |

**PART F
DECLARATION & CONSENT**

Declaration:

- I solemnly declare that I am the Applicant named in this application.
- I understand the eligibility criteria.
- I have supplied the information in this application to the best of my knowledge and belief. All statements are true and no information required to be given has been withheld or omitted.
- I undertake to provide any additional information that may be requested.

| | |
|-----------------------|--------------------------|
| Applicant's Signature | Date signed (YYYY/MM/DD) |
|-----------------------|--------------------------|

Consent to Release Information:

- I consent to the Recreation Fee Subsidy Program Administrator to communicate with the Program Provider(s) listed above for the sole purpose of verifying and confirming my eligibility for a Recreation Fee subsidy
- I consent to the payment being issued directly to Program Provider(s)

| | |
|-----------------------|--------------------------|
| Applicant's Signature | Date signed (YYYY/MM/DD) |
|-----------------------|--------------------------|

Protection of Your Personal Information

The information provided in this application is used for the sole purpose of applying for and/or verifying eligibility for assistance under the City of Peterborough Recreation Fee Subsidy Program. This information is protected under the Freedom of Information and Personal Protection Act and the Municipal Freedom of Information and Protection of Privacy Act.

Once the application is complete please return pages 5 to 9, along with supporting documents in a sealed envelope to the City of Peterborough, Recreation Division Attention: Recreation Subsidy Administrator, 210 Wolfe Street, Peterborough Ontario, K9J 2K9 or email to cbormann@peterborough.ca.

Please contact the Recreation Division Subsidy Administrator at 705-742-7777 ext. 1827 if you have any questions.

| For office use only | |
|--|---|
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Approved <input type="checkbox"/> Declined |
| <input type="checkbox"/> Identification for applicant and dependents | Eligibility: <input type="checkbox"/> 50% <input type="checkbox"/> 100% |
| <input type="checkbox"/> Documentation of Household Income | Date: |
| <input type="checkbox"/> Program Details | Approved by: |
| Notes: | |