



# Glebe Neighbourhood Activities Group

175 Third Ave  
Ottawa, ON K1S 2K2  
613-233-8713 Fax:613-564-7612 info@gnag.ca

## Request for Financial Assistance

### GNAG Fee Support:

As a not-for-profit organization, GNAG is committed to ensuring that its programs and services are available to all in our community. While we strive to make our programs affordable, sometimes families and individuals may need financial assistance to help cover program costs.

### Where does the GNAG subsidy fund come from?

The Subsidy Fund is drawn directly from GNAG's Community Development Fund. The fund is raised through program fees from our participants and through fundraising. Please note, we receive no funding from Municipal, Provincial or Federal Governments for our subsidy program.

### The process is as follows: PLEASE READ CAREFULLY

1. Financial assistance will be considered based on the client's need. Applicants may be asked to provide copies of formal documentation (ex. Receipt of Ontario Works, Receipt of Ontario Disability Pension, Receipt of Childcare Benefits, a current T4 Slip/Income Tax Return.)
2. The maximum amount per person is \$165 per year. The term runs from July 1 - June 30.
3. We ask that clients pay a minimum of 25% of the cost of the program.
4. Subsidies are transferable from parent to child.
5. Please fill out the "Request For Financial Assistance" form and return it along with your documentation, in a sealed envelope to the GNAG office. A member of GNAG will be in contact with you regarding your request. Please allow for at least 3 business days for processing.
6. If you wish to discuss this in person, please make an appointment.
7. For participants who wish to apply for assistance prior to registration, please contact 613-233-8713 to make arrangements.
8. Payment plan options are also available. Please enquire at 613-233-8713.
9. Ensure all subsidy applicants have profiles on our new website.
10. Submitted documentation should reflect family / household income.

**Please KEEP this page for your information.**

Please Print:

Adult Applicants (parents or guardians)			
1. Last Name:	First Name:	phone (h):	phone (c):
2. Last Name:	First Name:	phone (h):	phone (c):
Email:	Address and postal code:		
Adult #1 Transfer to	Adult #2 Transfer to		
Child participants			
1. Last Name:	First Name:	DOB	Age
2. Last Name:	First Name:	DOB	Age
3. Last Name:	First Name:	DOB	Age
4. Last Name:	First Name:	DOB	Age

Program Registration: please do not complete this section until your application is approved.			Client pays: (Office use)	Subsidy used: (Office use)	Subsidy remaining: (Office use)
Course & participant:	Date:	Course fee:			
Course & participant:					
Course & participant:					
Course & participant:					
Course & participant:					
Subsidy information (office use only):			Total:	Total:	Total:

I hereby declare that the information provided is, to the best of my knowledge, accurate, and that GNAG reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for future eligibility in the GNAG Financial Assistance program.

Signature of applicant, guardian or parent of child: \_\_\_\_\_ Date: \_\_\_\_\_

Participants are expected to pay a minimum of 25% of the cost of the program or activity. This contribution must be made prior to the start of the program. Please note that simply completing the form does not guarantee acceptance for fee assistance nor program registration. Please allow a minimum of three (3) working days for the approval process.

Documents provided: please circle and attach a copy of applicable documents. GNAG will not be able to review your application without documentation.

1. Ontario Works
2. Ontario Disability Support Pension
3. evidence of being in receipt of Assistance for Children with Severe Disabilities (ACSD)
4. Child Care Subsidy
5. Guaranteed Income Supplement (GIS)
6. Low income Cut-off
  - a. T451E Notice of Assessment or,
  - b. Child Tax Benefit or,
  - c. Three consecutive Pay Stubs and a supporting document showing family members as dependents.

<p>OFFICE USE ONLY</p> <p>Resident identification seen and verified with the information provided on the application form: Yes                      No</p> <p>Type of identification provided: _____</p> <p>GNAG has adopted a progressive protocol and line of enquiry for approval of an application for GNAG's financial assistance program. Please check (X) to identify specific eligibility requirement met.</p> <p>7. Special circumstances (please provide below): _____ _____</p>
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GNAG financial Assistance approved:    Yes              No

GNAG Supervisor / Manager signature \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

Case review date: \_\_\_\_\_