

Main Code:	COMMUNITY	Date: June 1995
Sub-Code:	SPECIAL NEEDS	Revised:
Subject:	SUBSIDY FOR GROUPS FOR PERSONS WITH DISABILITIES	Page 1 of 2

DEFINITION OF APPROVED GROUPS FOR PERSONS WITH DISABILITIES:

An approved Group for persons with disabilities must provide an active organized program for persons with disabilities of the City of Guelph.

Also, approved Groups for persons with disabilities must have an executive and, when requested by the Recreation and Parks Department, provide numbers of registrants, and audited statement of the organization's finances, and proof that it is a group that provides programs for persons with disabilities of the City of Guelph (e.g. a copy of the charitable registration number or certification from an umbrella organization).

POLICY:

NOTE: This policy does not apply to individual members who book facilities for their own purposes.

Approved Groups for persons with disabilities, providing at least 80 percent of the registrants are from the City of Guelph, will be subsidized for use of Recreation and Parks' facilities at 47.5 percent.

The subsidy for Groups for person with disabilities applies to all Recreation and Parks' facilities: fields, diamonds, rinks, pools, room bookings, etc.

The fee charges for Recreation and Parks' programs and/or courses designed for the exclusive participation of persons with disabilities will be reduced by 47.5% of the total cost of the facility in which the program is held. (e.g. Friday Friends).

Groups that receive a subsidy at present e.g. Approved Youth Groups and Seniors) will receive EITHER the Youth or Senior subsidy OR the subsidy for groups for persons with disabilities, whichever is greater. Only one subsidy will apply at any one time.

PROCEDURE:

1. Groups will apply for the subsidy through the Disability Resource.
2. All facilities will have a copy of the list of approved Groups and any changes.



CITY OF GUELPH
Community Services Group
Application for Entitlement of Subsidy
Category: Groups for Persons with Disabilities



Name of group/organization: _____

Local Address: _____

Phone: _____ **Fax:** _____

List of Executive Members:

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Number of Registrants in this Group/Organization as of date of application:

Total number of registrants:

Number of registrants who reside inside city limited: **outside city limits:**

Number of registrants by age:

Under 18: **between 18-55:** **over 55:**

The information given above is complete and accurate. Changes to the above information will be forwarded promptly to the Community Services Group. I understand that failure to provide accurate information will result in denial of the application or a cancellation of subsidy.

Signature: _____ **Position:** _____ **Phone:** _____

Please ensure that all necessary documentation is attached to this form. Questions and concerns may be addressed to:

Administrator of Disability Services
City of Guelph
59 Carden St., Guelph N1H 3A1
Phone: 519-837-5618 ext230 Fax: 763-9240
TTY: 826-9771