



Financial Assistance Request Form Community Activities Group of Ottawa East (CAG)

Participant name: _____ Phone number: _____

Mailing address: _____

Course: _____

Amount of subsidy requested: _____

Reason for request _____

Date requested: _____ Participant's signature: _____

Fee Assistance Policy

Policy Statement and Intent:

CAG supports access to its programming by offering fee assistance to families and individuals who are eligible. The purpose of the fee assistance policy is to reduce financial barriers to participation in programming offered by CAG and it is designed to ensure that any resident of Old Ottawa East has access to programming, regardless of his or her ability to pay.

Eligibility:

Residents of Old Ottawa East are eligible on a first come, first served basis. For a definition of the boundaries that comprise Old Ottawa East, please see the attached list of street names.

Policy Directives:

Application for fee assistance can be made at Old Town Hall (located at 61 Main Street) by completing the *Financial Assistance Form*.

Each household is eligible for annual maximum fee assistance of up to \$150.00. Applicants will be contacted by telephone regarding approval prior to the course start date.

Fee assistance clients are encouraged to pay what they can afford, but are expected to pay a minimum of 50% of the cost of any program or activity. This builds commitment, particularly as it relates to attendance. In situations where this contribution presents a barrier to participation the percentage can be reduced or waived.

CAG will provide financial subsidies for one (1) space in each program, two (2) in programs with more than 15 participants.

The participant's financial contribution should be paid prior to the start of the program. Residents must re-apply for subsidy assistance at the start of each new session.

Administrative use only (completion by CAG or City of Ottawa Program Coordinator)

Course Fee _____ Applicant Paid _____ Amount of subsidy _____

Program coordinator/CAG signature _____ CAG Bookkeeper Signature _____

Receipt Number _____