

Ontario Lottery Gaming Revenues (OLGR) Recreation and Sports POLICY

Amended by Chief and Council of Wahnapiatae First Nation BCM 19/20- 04-05

Amended by the Chief and Council of Wahnapiatae First Nation BCM 11/12 # 178

Amended by the Chief and Council of Wahnapiatae First Nation BCM 11/12 #131

Adopted by the Chief and Council of Wahnapiatae First Nation BCM 11/12 #18

This policy can be amended at the pleasure of the Chief and Council of the
Wahnapiatae First Nation (WFN).

1.0 PURPOSE

To ensure the implementation of the Ontario Lottery Gaming (OLG) Revenue Training fund in a fair and equitable manner for the benefit of the Wahnapiatae First Nation (WFN) minor aged membership.

This allocation is intended to enhance the lives of our membership, and provide them with opportunity to expand their horizons, develop new skills, and explore areas of interest that may not normally be accessible to them. It is hoped that this allocation of funds will enable our minor aged children to join and participate in local activities, which may include but are not limited to music lessons, various sports as well as other activities that meet the outlined criteria.

2.0 ELIGIBILITY:

Wahnapiatae First Nation band Members not in arrears with other OLGR funded programs and between ages of 5-18 yrs.

3.0 ELIGIBLE ACTIVITIES:

The following are some examples of eligible activities: Minor Hockey Registration costs, baseball, basketball registration costs, kickboxing, karate and taekwondo also Girl Guides, Brownies, Cubs/Scouts and enrollment in Modeling Agencies. Examples of eligible expenses include registration fees only, and necessary clothing and equipment will be the responsibility of the applicant.

4.0 ALLOCATION

Annual allocations will be in accordance with the on-going plan for the OLG Revenues and accessing funds will be on a first-come first-served basis annually.

The Council will allocate \$25,000.00 for an annual budget. Members may access the fund to a maximum of \$650.00 for each fiscal year.

Initial contact with the WFN receptionist is required to ensure that funds are available and that the activity is eligible under this policy. Requests for funding for lessons or training from immediate family members will be dealt with on a case to case basis. The following criteria will be used to determine accessibility.

WFN members must complete/provide the application/agreement form and any relevant documentation such as proof of registration costs and information on the activity at least 20 days prior to the date required. To ensure the funds are well utilized, applicants may be asked to complete a questionnaire and or submit a certificate or other type of verification of activity enrollment/completion. The completed application will then be sent to council for processing. Any requests from individuals who have not enrolled/completed an activity that has been paid by the OLG Revenues fund will be declined until the registration fee/cost has been repaid.

5.0 FUNDING

- Eligible Activity Any registration fee or participation cost for full-time student/youth 18 yrs. and younger.
- Travel Travel will not be covered.
- Meals Meals will not be covered.
- Accommodations Accommodations will not be covered.
- Equipment/Supplies Equipment/Supplies will not be covered.

It is the individual's responsibilities to provide their own accommodations, meals, and required equipment

6.0 ESSAY REQUIREMENT:

Using the outline provided, described the applicant's participation and the benefits of participation in sports and recreational activities.

7.0 PAYMENT

Payment for approved requests will be made directly to organization on behalf of applicant and/or applicant may provide proof of payment for reimbursement.



APPLICATION FORM FOR RECREATION AND SPORTS ACTIVITY

Personal Information:

Name: _____ Status Number: _____

Address: _____ Birthdate: _____

City: _____ Phone No. (____) _____

Postal Code: _____ Fax No. (____) _____

Activity/Registration Information:

Description of Activity/Registration _____

Cost of Activity/Registration _____

Start Date: _____ Completion Date: _____

Offered By: _____ Phone No. (____) _____

Contact Person: _____ Phone No. (____) _____

Address: _____

City: _____

Postal Code: _____

Release:

By signing below, I/We give permission to WFN to contact the person listed above to verify any participation in the activity described.

Agreement:

By signing below, I/We agree that if I (or my/our child) does not participate nor complete the above listed activity, I will return the funds paid on my/our behalf by the WFN OLG Revenue.

Applicant Signature

Date

