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**2026 RECREATIONAL FUNDING APPLICATION  
ADULTS & SENIORS**

***ALL INFORMATION PROVIDED ON THIS APPLICATION IS KEPT STRICTLY CONFIDENTIAL***

**FUNDING**

- available for adults and seniors.
- may be used for registration fees for fitness memberships, cultural & return to work boots/uniforms, etc.
- applicants are asked to contribute 10% of the total cost with a minimum contribution of \$10.00 AND to provide copies of the registration fees.
- depending on available funds, the maximum available per year for qualifying individuals is \$500.00

**ELIGIBILITY**

Applicants with limited income **MUST** be residents of the Town of the Blue Mountains and receiving income support from Gains, ODSP, OW or equivalent.

**APPLICANT**

Surname \_\_\_\_\_

First Name & Initial \_\_\_\_\_

**ADDRESS**

Street/PO Box # \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_

**TELEPHONE**

\_\_\_\_\_ Daytime

\_\_\_\_\_ Evening

**SOURCE OF INCOME** – Please indicate source by **CIRCLING** one of the following:

Ontario Works – ODSP – Gains – OAS – CPP - CPP Disability - Other [Please specify] \_\_\_\_\_

**GROSS ANNUAL INCOME** *from all sources* = \$ \_\_\_\_\_

NAME	AGE	BIRTHDATE
<b>Name/Address of activity provider</b>		
<b>REGISTRATION FEE</b>	<b>CONTRIBUTION</b>	<b>AMOUNT OF FUNDING REQUESTED</b>
Please provide registration form!	[10% of total with \$10.00 min]	
\$ _____	\$ _____	\$ _____
<b>Registration form attached? YES /NO</b>		<b>If NO, please explain:</b>

**DECLARATION** – I am the applicant named above. I certify that all the statements in this application are true to the best of my knowledge. No information required has been omitted or unreported.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAYABLE TO:** \_\_\_\_\_ **FUNDING AMOUNT:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE APPROVED:** \_\_\_\_\_

Revised: February 25, 2026