



**reCREATE Application**  
**Community Services - The District of Saanich**



SAANICH LEGACY FOUNDATION  
your vision — our mission

The purpose of the reCREATE grant is to provide opportunities for adults 60years+ living on low income to access Saanich recreation activities. Low income for this application falls within the same threshold guidelines as the Saanich L.I.F.E. program. These threshold limits can be found at: [www.saanich.ca/financialassistance](http://www.saanich.ca/financialassistance) or by calling 250-475-5407. You do not have to be a Saanich LIFE client to apply for a reCREATE grant.

If a client is over these limits, they may still be eligible if they can provide proof of their financial need through an adjudicator and financial necessities outweigh income (i.e. high medical expenses, relocation, rehabilitation and surgery recovery, etc.) As funds are limited not all applicants may receive funding.

**SECTION 1: APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender/Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 2: REQUEST FOR FUNDING**

Please identify the activity (Saanich Recreation and Community Service programs only) which you are requesting funding for:

Name of the Program/Activity: \_\_\_\_\_ Barcode: \_\_\_\_\_

Start Date: \_\_\_\_\_ At what location? \_\_\_\_\_

Cost of the program: \_\_\_\_\_ Requested amount of funds for the program: \_\_\_\_\_

**\*Please Note: The maximum amount per applicant is \$100.00 per year, as resources permit.**

**SECTION 3: CONFIRMATION OF ELIGIBILITY**

Are you currently enrolled as a Saanich L.I.F.E. client?  yes  no

If no, please fill out Section 4, if yes, skip to Section 5,

\*we request all LIFE clients use their LIFE grant benefit before applying for reCREATE as funds are limited

**SECTION 4: ADJUDICATOR INFORMATION**

Please have this section completed by one of the following: a community/housing worker, pastor/priest, social worker, employer or healthcare professional. This person should be in a position to identify and assess the economic barriers of the applicant and must not be a relative.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your relationship to the applicant:

\_\_\_\_\_  
\_\_\_\_\_

I certify my endorsement of the applicant, can attest to their financial need and verify that all the information given is correct and can be substantiated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5: APPLICANT SIGNATURE**

I certify that all the information given is correct and can be substantiated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications may be emailed to [financialassistance@saanich.ca](mailto:financialassistance@saanich.ca) or mailed to 780 Vernon Avenue, V8X 2W7 or fax to 250-475-5411 Attention Financial Development Programmer. Every application will receive notification of decision. Thank you.

**FOR OFFICE USE ONLY**  
Application Received (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Accepted: (Y/N) \_\_\_\_\_ Follow-up Complete: (Y/N) \_\_\_\_\_  
Reason/Other: \_\_\_\_\_  
First Time Funding: (Y/N) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Processed by: \_\_\_\_\_

This collection of personal information is authorized under the *Local Government Act*, Community Charter and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. [foi@saanich.ca](mailto:foi@saanich.ca)