



# Adult Active Living Fund Application Form

PARTICIPANT INFORMATION (Please print clearly)

First Name:		Last Name:																																	
Street Address:		Community:	Postal Code:																																
Phone (home, work, cell):		Email Address:																																	
Gender:	Female	Male	Non-Binary																																
		Prefer not to answer	Other																																
MODA is working to identify barriers to full economic and social inclusion. Data gathered from the questions below will be used to analyze the effectiveness of Argyle Active Living Fund among diverse populations. <b>You do not have to answer the following questions:</b>																																			
Do you identify as belonging to a visible minority group?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
Do you identify as belonging to the 2SLGBTQIA+ community?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
Do you identify as a person with a disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
<table border="1"> <tr> <td colspan="2">Name of Activity:</td> <td colspan="2">Registration Cost: \$ _____</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Amount Requested: \$ _____</td> </tr> <tr> <td colspan="2">Organization Offering Activity:</td> <td colspan="2">Equipment/Clothing Cost: \$ _____ Please specify:</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Amount Requested: \$ _____</td> </tr> <tr> <td colspan="2">Organization Contact Name:</td> <td colspan="2">Phone Number:</td> </tr> <tr> <td colspan="4">Address</td> </tr> <tr> <td colspan="4">Activity Dates (Start and End):</td> </tr> <tr> <td colspan="2">Start</td> <td colspan="2">End</td> </tr> </table>				Name of Activity:		Registration Cost: \$ _____				Amount Requested: \$ _____		Organization Offering Activity:		Equipment/Clothing Cost: \$ _____ Please specify:				Amount Requested: \$ _____		Organization Contact Name:		Phone Number:		Address				Activity Dates (Start and End):				Start		End	
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Address																																			
Activity Dates (Start and End):																																			
Start		End																																	

**PLEASE PROVIDE A REFERENCE\***

\*A reference is familiar with your personal and financial situation and can verify that you require financial assistance from Adult Active Living Fund. This person should not be a relative or friend but someone who knows your situation. (Example: Social Worker, Clergy, Group Leader, Coach, Teacher, Doctor)

Name of Reference:	Profession / Organization:
Phone Numbers (home, work, cell):	Email Address:

**Consent** - I authorize the above reference to release relevant personal information as required by Adult Active Living Fund. I further authorize Adult Active Living Fund to collect this information for grant administration purposes. Please Note: This application is confidential and will be used solely for the purposes of Adult Active Living Fund records.

Signature of Applicant: 	Date:
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**FOR OFFICE USE ONLY**

Application Received	Reference Completed	Amount Approved	Cheque Requested
		*Please allow up to 3 weeks for processing.	
		Municipality of the District of Argyle 5 J.E Hatfield Court, Tuskent, NS B0W 3M0 Phone: (902) 648-3379 Email: recreation@munargyle.com	