

| Policy:         | P-1.1.2           |
|-----------------|-------------------|
| Approved By:    | Chief and Council |
| Approval Date:  |                   |
| Amendment Date: |                   |
| Policy Holder:  | Band Manager      |

### Adams Lake Indian Band

# Recreation Policy & Procedures

### Purpose / Rationale

The purpose of the Recreation policy is to establish guidelines for Adams Lake Indian band members to access and obtain available funds for recreation. Chief and Council senior management will approve an annual Recreation budget, at the beginning of each fiscal year, to be administered.

# Scope / Limits

This policy applies to all Adams Lake Indian Band-wide policies under the authority of Chief and Council senior management. Departments, are recognized as having policy development authority relevant to their individual units.

#### A. Guidelines

- 1. The person requesting funding must be an Adams Lake Indian Band member and have a ten digit Adams Lake Indian Band Registry number starting with 684 living either on or off reserve.
  - I. If the person requesting funding is a Community member living on reserve, the individual can apply for funding under the 684 ten digit Adams Lake Indian Band Registry number whom they reside with. The funding will be deducted from the 684 ten digit Adams Lake Indian Band registry number yearly amount.
- 2. The person requesting funding with arrears on accounts with Adams Lake Indian (e.g. rental arrears or other overdue payments on an account or an accounts receivable) may not be eligible until the arrears or other overdue payments on an account have been paid in full, or they can submit a current repayment form from Finance along with their application.
- 3. Eligibility is limited to the current fiscal year beginning April 1<sup>st</sup>, and ending March 31<sup>st</sup> and no retroactive payments will be made to a previous fiscal year. Recreation fees that need to be paid in February for activities that occur in the next fiscal year will be deducted from the actual fiscal year that the activities takes place (i.e. soccer registration) subject to budget availability. Invoice receipts received by March 31<sup>st</sup> for activities that took place prior to that date will be paid from that fiscal year.
- 4. Recreation activities must be provided through a registered league, business, or organization and all receipts/invoices must contain official business letterhead/logo.
- 5. Band member children in care of a delegated agency are eligible for sponsorship only when funding is not provided by the delegated agency.
- 6. Funding is based on individual age of the Adams Lake Indian band member requesting the funds. For example, that change from youth to adult funding occurs on the band member's 18<sup>th</sup> birthday, not the beginning of the next fiscal year.
- 7. It is recommended that Adams Lake Indian band members book an appointment with the Adams Lake Indian Band Education Department to coincide their Sports & Recreation planning Education planning together.

# B. Annual Recreation Budget Allotment:

- 1) Maximum individual financial support per current fiscal year for the newborns to 2 years is \$500.00
- 2) Maximum individual financial support per current fiscal year for the adults 18 years and over is \$500.00
- 3) Maximum individual financial support per current fiscal year for the youth category is 3-18 years of age is \$1000.00
- 4) Financial assistance is for the registration fee, all other secondary costs associated with participation in a chosen activity are the responsibility of the parent/participant (i.e. Uniform, costumes, travel or equipment).
- 5) All sponsorship and reimbursements will only be paid in Canadian currency and will not be adjusted for the exchange rate.
- 6) An updated list will be provided to the Finance Department quarterly on what the Adams Lake Indian band members have received to date.

### C. Tournament

Financial assistance is for the youth category 3-18 years of age Adams Lake Indian Band team tournament registration fee; all other secondary costs associated with participation in a chosen activity are the responsibility of the parent(s)/participant (s) (i.e. Uniform, costumes, jerseys, travel, accommodation or equipment).

### D. Procedures for access to all recreation funds:

- 1) Adams Lake Indian band members must come into the Health & Wellness office and fill out the Adams Lake Indian Band recreation application form and submit the following attachments with their application:
  - a) Proof of registration, proof of event and cost;
  - b) Invoice from a recognized business establishment (quotes are not acceptable). Cheques will be made payable to the business establishment; and/or,
  - c) Valid receipts for recreation activities that meet the eligibility criteria, as set out in the policy, will be paid as a reimbursement directly to the Adams Lake Indian band member.
- 2) The application form must be filled out fully and include the required information and documentation.
- 3) Failure to submit required receipts will adversely affect further funding. Health & Wellness Department reserves the right to verify the receipts and information provided.
- 4) It is highly encouraged that all applicants make their best efforts to fundraise, i.e. Loonie Auctions, Kidsport.

#### **RECREATION APPLICATION**

## Please note:

- Per Adams Lake Indian Band Recreation policy eligibility is limited to the current fiscal year beginning April 1<sup>st</sup> and ending March 31<sup>st</sup> of the next year and <u>no retroactive</u> <u>payments</u> will be made to a previous fiscal year.
- Payments will only be made for future fiscal year activities if there is a deadline in the current fiscal year; otherwise registrations will be paid in the fiscal year in which the activity takes place.

## **APPLICANTS PERSONAL INFORMATION:**

| Last name                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name  Male $\square$ Female $\square$                        |                                      | Initial (s)       |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------|-------------------|
| Pate of Birth (YYMMD                                             | DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                      |                   |
| Nailing Address                                                  | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | Province                             | Postal Code       |
| elephone                                                         | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . ————————————————————————————————————                             |                                      |                   |
| heck applicable bo                                               | x: Adult 🗌                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Youth $\square$                                                    | Child $\square$                      |                   |
|                                                                  | (18 yrs +) \$500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (3-18 yrs) \$1000                                                  | (Birth-2 yrs)                        | \$500             |
| What are you applying for:                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount:\$                                                          |                                      |                   |
| What are you ap                                                  | oplying for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | A                                    | mount:\$          |
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- Approval of Recreation Funding will be made by the Department Manager, following the Adams Lake Indian Band Recreation Policy. It is the Adams Lake Indian band member responsibility to read the Recreation Policy.
- Health & Wellness Department reserves the right to contact organizations to confirm participant attendance.

**Reset Form**