

Resources for Exceptional Children and Youth - Durham Region 2025-2026 APPLICATION FOR TRAINING SUBSIDY

Subsidy funds are available to children's community support agencies, on a limited basis, to support staff professional development in the area of children's mental health needs and interventions. The following conditions apply to the subsidy:

- Training must focus upon the mental health needs and interventions for children and youth.
- Training dollars for 2025-2026 must be utilized prior to March 31, 2026.
- Agencies must be able to demonstrate the relevancy of training to children's mental health and/or building capacity the interventions/services currently offered by the agency.
- Subsidy is generally limited to a maximum of \$750 per individual or \$1,750 per agency but additional amounts may be approved on a case-by-case basis.
- Subsidy amounts applied for may be reduced, depending upon demand.
- Once it is received from the training agency, confirmation of course registration must be forwarded to Resources, Attention: Shona Casola | scasola@rfecydurham.com.
- Applications must be approved by a senior manager in the agency submitting the application prior to submission to Resources.
- Application form (attached) should be completed and returned to Resources, Attention: Shona Casola | scasola@rfecydurham.com. Resources reserves the right to review all applications and distribute funds at their discretion.

For further information contact:

Shona Casola
Executive Director
Resources for Exceptional Children and Youth
865 Westney Road South, Ajax, ON L1S 3M4
Tel: 905-427-8862, Ext.327
Fax: 905-427-3107
scasola@rfecydurham.com



Resources Resources for Exceptional Children and Youth - Durham Region **APPLICATION FOR TRAINING SUBSIDY**

of Application	n:			
Contact In	formation			
Name of Agend		Name(s) of India Attending Course	vidual(s) e:	Position Title(s):
Agency Addres	s (including Postal Code)	Agency Contact Person:		
		Position Title:		
		Phone:	Phone:	
		Email:		
Course Inf	ormation			
Course Title/Topic: (attach copy of Course Registration form)		Organization Offering Course:		
		Address		
Total Amount o	f Course Registration Fee:	Date of Course:	Duration of Cours	se: Total Hours of Trai
Program leads to accreditation:		Type of Course:		
Yes	No	Managerial Technical/Professional		
How will training	g be shared with other agency staff and/or con	nmunity partners?		
Subsidy Re	equest sidy Requested:		dollars requested f	
Total number of staff supported with this application:		application and others in this fiscal year, if applicable): Total number of staff supported overall with training subsidy		
	The supported that the supplication is	requests:		
Signature of S	r. Leader at Requesting Agency			
Return form to	o: Shona Casola, Executive Director, 865 Westney Road South, Ajax, O Email: scasola@rfecydurham.com	N L1S 3M4 F		
For Office Us	e Only:			
Amount Requested:		Amount Approved:		
Date:		Approved By:Signature		
		• •	-	Signature