



**Volusia County**  
**FLORIDA**

**2010  
SUMMER CAMP  
SERVICE PROVIDER  
APPLICATION FOR  
FUNDING**

**2010 SUMMER CAMP  
SERVICE PROVIDER APPLICATION FOR FUNDING  
JUNE 14 TO AUGUST 6, 2010**

**Background**

This notice announces availability of funding for Volusia County non-profit organizations, cities, educational institutions, churches, etc. to provide summer camp services that include but are not limited to supervised playground activities, sports, crafts, and field trips, for children aged 5 to 14 years. Programs must operate for a minimum of eight weeks during June 14<sup>th</sup> to August 6<sup>th</sup>, Monday through Friday, from 8:00 a.m. to 5:00 p.m. The funds will be available through scholarships to children whose families are up to 200% of the federal poverty guidelines. Programs receiving funding from the County of Volusia will provide services to the camp participants regardless of race, religion, color, sex, or national origin.

Funding is based on income eligibility and camp availability. Providers of services will be paid per child at a weekly rate not to exceed the weekly rate established by Volusia County Community Assistance Division. Approved agencies will be notified of the approved scholarship amount in April.

All applications will be reviewed according to established criteria and recommendations for approval will be made by the Children and Families Advisory Board by April 2, 2010. All approved applicants will be notified by mail.

**Directions**

Complete the funding application. All applications must be typewritten and **include** the following:

- Proof of adequate liability insurance
- A copy of a current fire inspection report (If report notes deficiencies, proof of correction must be provided prior to June 1, 2010.)
- Current IRS W-9

**\*Applications will not be considered unless the above documentation is included with the application.**

**Applications must be received by 3:00 p.m., February 19, 2010.**

Please send the 2010 Summer Camp Service Provider Funding Application to:

Myra Gaziano  
County of Volusia  
Community Assistance Division  
110 West Rich Avenue  
Deland, Florida 32720  
Phone: (386-736-5955) ext. 2324  
Email: mgaziano@co.volusia.fl.us

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**AGENCY NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FEDERAL TAX ID #:** \_\_\_\_\_

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

**BACKGROUND CHECK:**

All employees of any agency working directly with children must have been checked through the Florida Department of Law Enforcement for child abuse involvement. Are records of this action on file at your agency? **Yes**\_\_\_\_ **No**\_\_\_\_

**CERTIFICATION:**

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

\_\_\_\_\_  
Agency Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Board President

\_\_\_\_\_  
Date



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Summer Camp Provider: \_\_\_\_\_

Camp Location	Number of Children to be Served	Registration Date(s) and Time(s)	Registration Fee	Weekly Costs	Field Trips and Dates	Cost for Field Trip	Participate in the Summer Food Program	
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

Maximum Volusia County scholarship participants you will accept \_\_\_\_\_.

Agency Name: