



**2012  
SUMMER CAMP  
SERVICE PROVIDER  
APPLICATION FOR  
FUNDING**



**2012 SUMMER CAMP SERVICE PROVIDER APPLICATION FOR FUNDING  
June 11 to August 10, 2012**

**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. All programs must operate Monday through Friday, from 8:00 a.m. to 5:00 p.m. Funds for scholarships will be available for a minimum of eight weeks and a maximum of nine weeks during June 11 to August 10. The funds will be available for children whose families incomes 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. All applicants must have had at least one year of previous experience in providing summer camp programs. Approved agencies will be notified of the approved scholarship amount in April.

The Children and Families Advisory Board will review all complete applications according to the established criteria on February 14, 2012 and make recommendations to County Council for final approval. All applicants will be notified by mail.

**Directions**

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

- Proof of liability insurance
- A copy of a **current** fire inspection report (If report notes deficiencies, proof of correction(s) must be provided prior to June 1, 2012.)
- 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 6, 2012.**

**Please submit the 2012 Summer Camp Service Provider Application for Funding to:**

**Myra Gaziano, Grants Coordinator  
Community Assistance Division  
110 West Rich Avenue  
Deland, Florida 32720**

## 2012 SUMMER CAMP SERVICE PROVIDER APPLICATION FOR FUNDING

### APPLICATION CHECKLIST

- COMPLETED 2012 SUMMER CAMP FUNDING APPLICATION AND SUBMITTED BY **3:00 P.M., FEBRUARY 6, 2012**
  
- PROVIDED PROOF OF LIABILITY INSURANCE
  
- PROVIDED CURRENT (WITHIN THE LAST 12 MONTHS) FIRE INSPECTION REPORT FOR EACH CAMP LOCATION (IF REPORT NOTES DEFICIENCIES, PROOF OF CORRECTION MUST BE PROVIDED PRIOR TO JUNE 1, 2012.)
  
- INCLUDED A CURRENT IRS W-9 FORM
  
- COMPLETED SECTION I
  
- COMPLETED SECTION II

Agency Name:

**2012 SUMMER CAMP  
SERVICE PROVIDER APPLICATION FOR FUNDING**

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

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

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

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

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

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

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

**CONTACT PERSON'S  
TELEPHONE:** \_\_\_\_\_

**CONTACT PERSON'S EMAIL:** \_\_\_\_\_

**BACKGROUND CHECK:**

All employees of this agency working directly with children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the 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

Agency Name:

**2012 SUMMER CAMP  
SERVICE PROVIDER APPLICATION FOR FUNDING  
JUNE 11 TO AUGUST 10, 2012**

**SECTION I.**

**PROGRAM DESCRIPTION:**

In this section please describe your program and include the following:

- The mission of your agency
- Camp location(s) and address(s) for service delivery
- Dates of summer camp and time of operation
- Daily schedule of planned activities for summer camp
- Staff positions to implement the summer camp
- Child to teacher ratio
- Describe and list the specific field trips that will be taken
- Weekly rates, registration fee, and child's cost for field trips

Agency Name:

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**SECTION II**

**SUMMER CAMP PROVIDER:** \_\_\_\_\_

Camp Location and Address	Number of Children to be Served	Registration Date(s) and Time(s)	Registration Fee	Camp Weekly Cost	Field Trips and Dates **	Child's Cost for Field Trip	Participates in The Summer Food Program
							Yes _____ No _____
							Yes _____ No _____
							Yes _____ No _____
							Yes _____ No _____

**\*\*If actual field trips are not confirmed at the time of application submittal, please estimate the number of trips, type and cost to child.**

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

Agency Name: