2024 SUMMER CAMP SERVICE PROVIDER APPLICATION FOR FUNDING
Applications will not be accepted or considered for funding if the application is incomplete or does not include the required information listed below.

Application Checklist

☐ Applications with required supporting documents may be submitted:

- Electronically (.pdf) with digital signatures and supporting materials emailed to Wmollentze@volusia.org on or before Friday, January 26, 2024 by 2:00 p.m.

  OR

- Electronically (.pdf) without signatures and a scanned copy of the signed application and supporting materials emailed to Wmollentze@volusia.org on or before Friday, January 26, 2024 by 2:00 p.m.

A copy of the signed application and supporting documents can also be submitted in person or by mail to William Mollentze at 121 West Rich Avenue, Deland, FL 32720.

The application is needed in an electronic format to meet ADA requirements.

☐ Current fire inspection report for each camp location must be provided with your application. If report notes deficiencies, proof of correction must be provided prior to entering into an agreement with Community Assistance.

☐ Proof of Liability Insurance with the County of Volusia listed, as additional insured must be provided prior to entering into an agreement with Community Assistance.

☐ Current IRS W-9 form.
Legal Name of Organization (Name on W9):

Name of Camp (If different than above):

Mailing Address:

Telephone: Fax:

Email:

Executive Director:

Contact Person: Contact Person’s Telephone:

Backup Contact Person: Backup Contact Person’s Telephone:

Backup Contact Person’s Email:

Background Check: All employees of this agency working near 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. A list of summer camp staff will be provided by start of camp.

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

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
2024 Summer Camp Service Provider Application for Funding

I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency’s mission:

2. Provide the age range of children served at your summer camp program: _____________________

3. Provide the grade level requirement for your program. If none, please put N/A: _______________

4. List all camp locations by address:
   *If more than three (3), attach list with addresses with this application.*

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<tr>
<th>Camp</th>
<th>Address</th>
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5. Provide dates of summer camp and time of operation:
   *2024 Summer Camp Program is tentatively scheduled to be funded from June 3, 2024 – August 9, 2024. Dates are subject to change once the 2024 Volusia County Public Schools Calendar is posted.*

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<th>Dates of operation</th>
<th>Time of operation</th>
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6. Provide beginning and end date, time and location for camp registration:
   *These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved. If changes are made after the application is submitted, the provider must inform the county.*

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<thead>
<tr>
<th>Beginning Date</th>
<th>End Date</th>
<th>Time</th>
<th>Location</th>
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7. Provide the weekly rate and registration fee:
If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved. If changes are made after the application has been submitted, the provider must inform county staff.

8. Describe your agency’s funding procedures:
This is a reimbursement program; providers will be reimbursed twice during Ten (10) week period. The first reimbursement request is to be submitted after week four (5) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

9. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.
Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.
10. What procedures will you use to submit your signed reimbursement requests?
Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

11. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?
If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

12. Please describe your organization’s emergency plan.
If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.
13. Please describe your organization's employee training process.
II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

*Include any explanation you feel is necessary.*

2. Provide a list of staffing positions:

*Add pages if needed.*

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<th>Title/Position</th>
<th>Number of Staff</th>
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3. How will you determine the number of staff needed?

4. What types of training do you offer for your staff? Do you require your staff to have any specific certifications?

*Please Describe.*
III. Planned Activities

1. Provide a tentative daily schedule of planned activities:
   For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

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2. Does your agency provide food?
   Yes [ ]    No [ ]

   i. If yes, what meals are provided daily?
      Breakfast [ ]    Snack [ ]    Lunch [ ]

   ii. Provide a description of meals:
      *If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.*

3. Does your agency offer field trips during summer camp?
   Yes [ ]    No [ ]

   i. If yes, please describe the field trips you offered last summer:
ii. Describe the field trips planned for this summer:

iii. Are there additional charges for the field trips?
   Yes ☐  No ☐

iv. Is there an alternate plan for children not participating in the field trips?
   Yes ☐  No ☐

   If yes, describe below:

v. What type of transportation do you use for field trips?
IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency’s summer camp history and accomplishments.
   How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

2. Provide a brief summary of the agency’s summer camp scholarship program history:
   If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.
   Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.