

**CITY OF SANIBEL
RESOLUTION NO. 10-076**

A RESOLUTION AMENDING RESOLUTION 09-085 WHICH RELATES TO THE CITY'S RECREATION FINANCIAL ASSISTANCE PROGRAM POLICIES AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER CAMP PROGRAM AND AFTER-SCHOOL PROGRAM (WHICH INCLUDE HOLIDAY PROGRAMS AND FUN DAYS PROGRAMS) CONDUCTED DURING AND AFTER THE SCHOOL YEAR; AMENDING THE "SLIDING FEE" SCHEDULES FOR SUCH SUMMER CAMP PROGRAM AND AFTER-SCHOOL PROGRAM; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council originally established a financial assistance program for certain Recreation Department Programs through Resolution 04-080 on October 19, 2004 and such financial assistance program has been updated and improved from time to time, with the latest update being set forth in City of Sanibel Resolution No. 09-085; and

WHEREAS, the purpose of such financial assistance program is to provide financial assistance to individuals, children and families in need; and

WHEREAS, due to the current economic times, the City Council determines it appropriate to update and revise the "sliding fee" schedules for the Summer Camp Program and the After-School Program to reflect a higher and more appropriate percentage of assistance to eligible applicants;

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Florida, that City of Sanibel Resolution No. 09-085, is hereby amended as follows with underlined language indicating additions and ~~strike through~~ language indicating deletions:

SECTION 1. This Resolution sets forth the financial assistance policy and procedures for the Recreation Department's Summer Camp Program sessions, and Holiday Program, After-School Program, ~~and similar recreation programs (which include Holiday Programs and Fun Days Programs)~~ conducted during and after the school year.

SECTION 2. There shall be a review board, which shall henceforth be known as the Recreation Financial Assistance Committee, which shall consider and approve financial assistance applications based on the guidelines established herein. Such Recreation Financial Assistance Committee shall be composed of the following:

- (a) City of Sanibel Recreation Director or their designee;
- (b) Director of Community Housing & Resources (CHR) or their designee;
- (c) A member of the Parks and Recreation Committee;

- (d) The Director of Friends In Service Here (FISH) or their designee; and
- (e) A citizen at-large appointed by City Council.

The function and duties of the Recreation Financial Assistance Committee shall be to review, consider and, where appropriate, grant financial assistance based upon the policies and guidelines established in this Resolution and/or developed by the Recreation Financial Assistance Committee pursuant to the authority of this Resolution.

SECTION 3. An individual or family seeking financial assistance for the recreation programs must complete a Recreation Financial Assistance Application Form, a copy of which is attached hereto and incorporated herein as Exhibit "A", which shall be developed and issued by the Recreation Financial Assistance Committee. Such application shall, at a minimum, require proof of eligibility for the free or reduced school lunch program, ~~or~~ and require a copy of the most recent tax return, excluding the social security number(s) of the individuals listed on the tax return for security purposes, and a recent pay stub.

SECTION 4.

~~(a) Approval of financial assistance application requests will be based on a "sliding fee" schedule, a copy of which is attached hereto and incorporated herein as Exhibit "A".~~ Approval of financial assistance for the Summer Camp Program will be based on the "sliding fee" schedule attached hereto and incorporated herein as Exhibit "B", and financial assistance for the After-School Program, will be based on the "sliding fee" schedule attached hereto and incorporated herein as Exhibit "C".

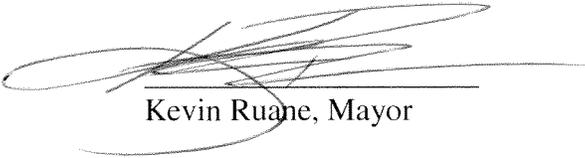
SECTION 5. This Resolution shall amend and supersede Resolution 09-085.

SECTION 6. Effective date.

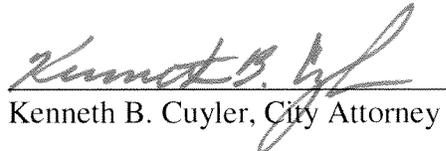
This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida, this 20th day of July, 2010.

AUTHENTICATION:


Kevin Ruane, Mayor


Pamela Smith, City Clerk

APPROVED AS TO FORM: 
Kenneth B. Cuyler, City Attorney

7/12/10
Date

Vote of Council Members:

Ruane	<u>yea</u>
Denham	<u>yea</u>
Harrity	<u>yea</u>
Jennings	<u>yea</u>
Pappas	<u>yea</u>

Date filed with City Clerk: July 20, 2010



**CITY OF SANIBEL
RECREATION FINANCIAL ASSISTANCE APPLICATION**

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support being received. To assist in our review, please provide:

1. Proof of eligibility letter for the free or reduced lunch program (if applicable)
- AND
2. A copy of your most recent tax return (remove social security number/s) AND most recent pay stub

**FINANCIAL ASSISTANCE APPLICATIONS ARE ACCEPTED
AT TIME OF PROGRAM REGISTRATION**

APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTS ATTACHED.

Name of Parent/Guardian: _____ Email Address: _____

Street address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Number of Adults Living in Household: _____ Number of Children Living in Household: _____

Ages of Children Living in Household: _____

ADDITIONAL QUESTIONS TO BE COMPLETED FOR THIS APPLICATION:

Are you an annual or monthly client of F.I.S.H? Yes No. If yes, amount received \$ _____

Are you an annual or monthly client of CHR? Yes No

Have you or anyone on your behalf filed an action in court against the biological parent?
 Yes No If yes, what is the case number? # _____ State: _____ County: _____

Do you receive child support? Yes No. If yes how much? \$ _____

If you do not receive support, is there a court order for you to receive child support? Yes No.
If yes, what is the case #? _____ State: _____ County: _____ Monthly Amount \$ _____

Do you receive Social Security Benefits? Yes No. If yes, how much monthly? \$ _____

Do you receive Social Security Benefits for your children? Yes No.
If yes, how much monthly? \$ _____

Do you receive a pension? Yes No. If yes, how much monthly? \$ _____

Do you receive alimony? Yes No. If yes, how much monthly? \$ _____

Do you receive Foster Care payments? Yes No. If yes, how much monthly? \$ _____

Do you receive Workers Compensation? Yes No. If yes, how much weekly? \$ _____

Do you receive Unemployment Compensation? Yes No. If yes, how much weekly? \$ _____

Do you receive daily, weekly, monthly, quarterly or annually, a financial gift from anyone?
 Yes No. If yes, state the amount. \$ _____

Do you receive an in kind benefit, such as someone paying your rent, mortgage, groceries,
utilities, automobile gasoline, room and board? Yes No. If yes, amount. \$ _____

Do you receive any other monies or has anyone on you or your children's behalf
provided you with additional monies? If so, from whom? _____ How much? \$ _____

Did you receive a Federal Income Tax Refund? Yes No If yes, how much? \$ _____

Total Household Annual Income: \$ _____

Please Check Program(s) for Financial Assistance Requested:

After-School Program Number of Children _____ Total: \$ _____

Holiday Program: Number of Children _____

Winter Total: \$ _____

Spring Total: \$ _____

Fun Days Number of Children _____ Total \$ _____

Total Financial Assistance requested for programs Total \$ _____

NOTE: Reminder, only sign up for programs after registration begins.

Summer Program Number of Children _____
Number of weeks for each child. _____ Total \$ _____

Total Financial Assistance requested for Summer Program: Total\$ _____

Total of Financial Assistance requested for all Programs: Total \$ _____

Other than what is listed in the above application, list any special circumstances to be considered. (If more space is needed, please attach additional information).

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ (name of person acknowledging).

(NOTARY SEAL)

Signature of Notary Public

Typed/Printed Name of Notary Typed

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(You can get this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at McKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date application received by staff: _____ Staff Signature: _____

Is application complete and reviewed by staff: Yes No Staff initial: _____

All Social Security numbers/names/phone numbers/addresses are blacked out: Yes No

Assistance amount has been determined and written on application: Yes No

Applicant is aware that they may participate in activity they applied for: Yes No

Applicant is aware that a sliding scale based on income is used to determine assistance: Yes No

Applicant has been told that the fee for programs are due at the time the program has began, or the committee has made a decision on the Financial Assistance: Staff Initials: _____

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: Yes No (If yes) Amount: \$ _____

Does the applicant have an outstanding balance? Yes No (If yes) Amount: \$ _____

Staff must record status here, any outstanding balance and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs. Staff Initials: _____
(NOTE: Responsibility of Program Director and Front Desk designated Staff).

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF/PANEL NOTES:

For Panel Review Committee and Staff Use Only:

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied
Signature of Approving Authority: _____ Date: _____
Assistance amount for After School type programs: \$ _____
Assistance amount of Summer Program: \$ _____ Total Assistance Granted: \$ _____

Summer Camp Program Sliding Fee Scale

# of Children in Household		Annual Household Income Range									
1											
Financial Assistance %		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Remaining Balance (Member)		\$ 306.00	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 573.75	\$ 612.00	\$ 688.50	10%
Remaining Balance (Non-Member)		\$ 378.00	\$ 472.50	\$ 519.75	\$ 567.00	\$ 614.25	\$ 661.50	\$ 708.75	\$ 756.00	\$ 850.50	
2											
Financial Assistance %		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Remaining Balance (Member)		\$ 229.50	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 612.00	20%
Remaining Balance (Non-Member)		\$ 283.50	\$ 378.00	\$ 425.25	\$ 472.50	\$ 519.75	\$ 567.00	\$ 614.25	\$ 661.50	\$ 756.00	
3 or more											
Financial Assistance %		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Remaining Balance (Member)		\$ 153.00	\$ 229.50	\$ 267.75	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 535.50	30%
Remaining Balance (Non-Member)		\$ 189.00	\$ 283.50	\$ 330.75	\$ 378.00	\$ 425.25	\$ 472.50	\$ 519.75	\$ 567.00	\$ 661.50	

Summer Camp Program Fees	Per Week	# Weeks	Total
Member	\$ 85.00	9	\$ 765.00
Non-Member	\$ 105.00	9	\$ 945.00

EXHIBIT "B"

Afterschool Program Sliding Fee Scale

# of Children in Household	Annual Household Income Range											
	0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	\$68,501 - \$73,500	\$73,501 - \$78,500	\$78,501 - \$83,500
1	Financial Assistance %	60%	50%	40%	35%	30%	25%	20%	10%			
	Remaining Balance (Member)	\$ 212.00	\$ 265.00	\$ 318.00	\$ 344.60	\$ 371.00	\$ 397.50	\$ 424.00	\$ 477.00			
	Remaining Balance (Non-Member)	\$ 253.20	\$ 316.50	\$ 379.80	\$ 411.46	\$ 443.10	\$ 474.75	\$ 506.40	\$ 569.70			
2	Financial Assistance %	70%	60%	50%	45%	40%	35%	30%	20%			
	Remaining Balance (Member)	\$ 159.00	\$ 212.00	\$ 238.50	\$ 291.50	\$ 316.00	\$ 344.50	\$ 371.00	\$ 424.00			
	Remaining Balance (Non-Member)	\$ 189.90	\$ 253.20	\$ 284.85	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 506.40			
3 or more	Financial Assistance %	80%	70%	60%	55%	50%	45%	40%	30%			
	Remaining Balance (Member)	\$ 106.00	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 291.50	\$ 316.00	\$ 371.00			
	Remaining Balance (Non-Member)	\$ 126.60	\$ 189.90	\$ 221.55	\$ 253.20	\$ 284.85	\$ 348.15	\$ 379.80	\$ 443.10	\$ 506.40		
Afterschool Program Fees	Per Semester	\$ 176.00	\$ 189.90	\$ 221.55	\$ 253.20	\$ 284.85	\$ 348.15	\$ 379.80	\$ 443.10			
	Total	\$ 530.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00	\$ 633.00

EXHIBIT "C"

**CITY OF SANIBEL
RESOLUTION NO. 09-006**

A RESOLUTION AMENDING RESOLUTION 04-080 WHICH ESTABLISHED A FINANCIAL AID SCHOLARSHIP POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER PROGRAM SESSIONS, HOLIDAY PROGRAM AND AFTER-SCHOOL PROGRAM DURING THE SCHOOL YEAR; PROVIDING FOR A REVISED FINANCIAL AID SCHOLARSHIP POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER PROGRAM DURING THE SCHOOL YEAR TO INCLUDE A REVISED "SLIDING SCALE" FEE SCHEDULE FOR SAID PROGRAM; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council previously established a financial aid scholarship policy and procedures for the Recreation Department's Summer Program sessions, Holiday Program and After-School Program during the school year by Resolution 04-080 on October 19, 2004; and

WHEREAS, the City of Sanibel continues to offer recreation programs for children and has established fees to support the recreation programs; and

WHEREAS, the City of Sanibel realizes that the ability to pay the recreation fees may be difficult for some families based upon household income and family size; and

WHEREAS, the City of Sanibel desires to provide recreation program scholarships to families meeting specified financial assistance guidelines.

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Florida, that:

SECTION 1. The City of Sanibel Recreation Scholarship Program previously established by Resolution 04-080 on October 19, 2004, is hereby amended to provide the policies, procedures and requirements as set forth in this Resolution.

SECTION 2. The City Manager hereby establishes a Scholarship Program Review Board composed of the Director of Recreation or their designee, the Director of CHR or their designee, and a member of the Parks and Recreation Committee to consider scholarship applications based on guidelines established herein.

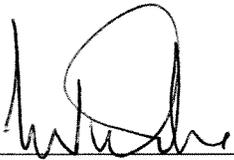
SECTION 3. Families seeking financial assistance for the recreation programs must complete the Recreation Scholarship Application Form, a copy of which is attached hereto and incorporated herein as Exhibit "A", provide proof of eligibility for the free or reduced school lunch program, or provide a copy of the most recent tax return, excluding the social security number(s) of the individuals listed on the tax return for security purposes, and a recent pay stub.

SECTION 4. Approval of scholarship application requests will be based on a “sliding fee” schedule, a copy of which is attached hereto and incorporated herein as Exhibit “B”.

SECTION 5. Effective date.

This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida, this 20th day of January, 2009.



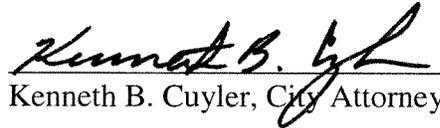
Mick Denham, Mayor

AUTHENTICATION:



Pamela Smith, City Clerk

APPROVED AS TO FORM:



Kenneth B. Cuyler, City Attorney

1/14/09

Date

Vote of Council Members:

Denham yea
Ruane yea
Harrity yea
Jennings yea
Pappas yea

Date filed with City Clerk: January 20, 2009

After-School Program Sliding Fee Scale												
# of Children in Household		Maximum Annual Household Income										
1												
Scholarship %	\$13,500.00	\$18,500.00	\$23,500.00	\$28,500.00	\$33,500.00	\$38,500.00	\$43,500.00	\$48,500.00	\$53,500.00	\$58,500.00	\$63,500.00	\$68,500.00
Remaining Balance (Member)	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%
Remaining Balance (Non-Member)	\$212	\$239	\$265	\$292	\$318	\$345	\$371	\$398	\$424	\$451	\$477	\$504
Remaining Balance (Non-Member)	\$253	\$285	\$317	\$348	\$380	\$411	\$443	\$475	\$506	\$538	\$570	\$601
2												
Scholarship %	\$13,500.00	\$18,500.00	\$23,500.00	\$28,500.00	\$33,500.00	\$38,500.00	\$43,500.00	\$48,500.00	\$53,500.00	\$58,500.00	\$63,500.00	\$68,500.00
Remaining Balance (Member)	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%
Remaining Balance (Non-Member)	\$159	\$186	\$212	\$239	\$265	\$292	\$318	\$345	\$371	\$398	\$424	\$451
Remaining Balance (Non-Member)	\$190	\$222	\$253	\$285	\$317	\$348	\$380	\$411	\$443	\$475	\$506	\$538
3												
Scholarship %	\$13,500.00	\$18,500.00	\$23,500.00	\$28,500.00	\$33,500.00	\$38,500.00	\$43,500.00	\$48,500.00	\$53,500.00	\$58,500.00	\$63,500.00	\$68,500.00
Remaining Balance (Member)	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%
Remaining Balance (Non-Member)	\$106	\$133	\$159	\$186	\$212	\$239	\$265	\$292	\$318	\$345	\$371	\$398
Remaining Balance (Non-Member)	\$127	\$158	\$190	\$222	\$253	\$285	\$317	\$348	\$380	\$411	\$443	\$475
4 or more												
Scholarship %	\$13,500.00	\$18,500.00	\$23,500.00	\$28,500.00	\$33,500.00	\$38,500.00	\$43,500.00	\$48,500.00	\$53,500.00	\$58,500.00	\$63,500.00	\$68,500.00
Remaining Balance (Member)	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%
Remaining Balance (Non-Member)	\$53	\$80	\$106	\$133	\$159	\$186	\$212	\$239	\$265	\$292	\$318	\$345
Remaining Balance (Non-Member)	\$63	\$95	\$127	\$158	\$190	\$222	\$253	\$285	\$317	\$348	\$380	\$411

After-School Program for Recreation Center Members = \$530 / year per child
 After-School Program for Recreation Center Non-Members = \$633 / year per child
 Same percentage used for all youth programs and scholarships

**CITY OF SANIBEL
RESOLUTION NO. 04-080**

**A RESOLUTION ESTABLISHING A FINANCIAL AID SCHOLARSHIP
POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S
SUMMER PROGRAM SESSIONS, HOLIDAY PROGRAM AND AFTER-SCHOOL
PROGRAM DURING THE SCHOOL YEAR; AND PROVIDING AN EFFECTIVE
DATE**

WHEREAS, the City of Sanibel offers recreation programs for children and has established fees to support the recreation programs; and

WHEREAS, the City of Sanibel encourages the participation of all eligible children in the summer program sessions, holiday program and the after-school program; and

WHEREAS, the City of Sanibel realizes that the ability to pay the recreation fees may be difficult for some families based upon household income and family size; and

WHEREAS, the City of Sanibel desires to provide recreation program scholarships to families meeting specified financial assistance guidelines.

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Lee County, Florida, THAT:

SECTION 1. The City of Sanibel Recreation Scholarship Program is hereby established.

SECTION 2. Families seeking financial assistance for the recreation programs must complete the Recreation Program Scholarship Application Form (attached) and submit it to the Recreation Department.

SECTION 3. The City Manager will establish a Scholarship Program Review Board composed of the Director of Recreation or their designee, the Director of CHR or their designee, and a member of the Parks and Recreation Committee to consider scholarship applications based on guidelines established herein.

SECTION 4. Approval of the scholarship application requests will be based on financial need using BMRH maximum

income limits, free or reduced school lunch or some personal family situation warranting consideration. Current BMRH maximum limits for household income are as follows:

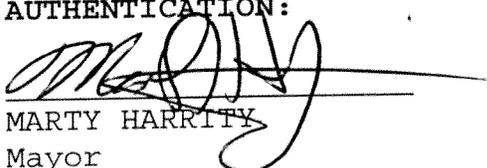
- a. 2 Persons \$36,850
- b. 3 Persons \$42,050
- c. 4 Persons \$45,150
- d. 5 or more \$50,350

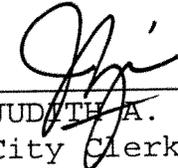
SECTION 5. Effective date.

This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Lee County, Florida, this 19th day of October, 2004.

AUTHENTICATION:


MARTY HARRITY
Mayor


JUDITH A. ZIMOMRA
City Clerk

Approved as to form:

KENNETH B. CUYLER
City Attorney

Vote of Council Members:

Harrity	yea
Walsh	yea
Brown	yea
Jennings	yea
Workman	yea

Date filed with City Clerk: October 19, 2004

