

**CITY OF SANIBEL  
RESOLUTION 12-004**

**A RESOLUTION AMENDING RESOLUTION 10-076 WHICH RELATES  
TO THE CITY'S RECREATION FINANCIAL ASSISTANCE  
COMMITTEE; SETTING FORTH THE COMPOSITION AND  
ATTENDANCE REQUIREMENTS FOR THE COMMITTEE; 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. 10-076; and

**WHEREAS**, the City Council deems it necessary and appropriate to amend the composition of the Recreation Financial Assistance Committee so that the Committee is composed of five (5) citizens appointed by the Sanibel City Council; and

**WHEREAS**, the City Council finds it necessary and appropriate to establish a minimum attendance requirement for the Recreation Financial Assistance Committee; and

**WHEREAS**, a substantial majority of the work of the committee occurs between May through September, it is important that Committee members be present during these months;

**NOW THEREFORE, BE IT RESOLVED**, by the City Council, City of Sanibel, Florida, that City of Sanibel Resolution No. 10-076, is hereby amended as follows with underlined language indicating additions and ~~strike through~~ language indicating deletions:

**SECTION 1.** This resolution sets forth the purpose of the Recreation Financial Assistance Committee and establishes the membership appointment criteria for the Committee, the functions and duties of the Committee and an annual attendance requirement for the Committee membership. This Resolution also sets forth the financial assistance policy and procedures for the Recreation Department's Summer Camp Program, After-School Program, (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.

A. Such Recreation Financial Assistance Committee shall be composed of five (5) citizens appointed by the Sanibel City Council. Three (3) members of the Recreation Financial Assistance Committee shall constitute a quorum for purposes of conducting Committee business.

- ~~(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.~~

All current committee members shall be authorized to serve in their positions for the remainder of their terms and thereafter all appointments of members to the Recreation Financial Assistance Committee shall be made by City Council in accordance with this section.

B. 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.

C. There is hereby established an annual attendance requirement for the Recreation Financial Assistance Committee which shall be a minimum attendance requirement of 75% of all scheduled meetings during each calendar year commencing January 1, 2012. "Attendance" shall mean physically present at a meeting. Emergency meetings, if called, shall not constitute a scheduled meeting for purposes of this provision. In the event that a member fails to meet the minimum attendance requirement, such failure shall constitute an automatic and immediate tender of resignation. Such vacancy shall be filled through appointment by the City Council as soon as it is practical.

**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, 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.** 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".



**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  
AND
3. Proof of filing for child support (if applicable)

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

List the Names of Adults Living in Household who are 18 years & over (Income tax returns required for each):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

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.L.S.H?  Yes  No - If yes, amount received \$ \_\_\_\_\_

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

Do you receive Aid to Dependent Children (ADC)?  Yes  No - If yes, monthly amount \$ \_\_\_\_\_

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. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon your program payments being current.

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	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
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%
Remaining Balance (Member)	\$ 306.00	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 573.75	\$ 612.00	\$ 666.50
Remaining Balance (Non-Member)	\$ 378.00	\$ 472.50	\$ 519.75	\$ 567.00	\$ 614.25	\$ 661.50	\$ 708.75	\$ 756.00	\$ 850.50
2	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
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%
Remaining Balance (Member)	\$ 229.50	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 612.00
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	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
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%
Remaining Balance (Member)	\$ 153.00	\$ 229.50	\$ 267.75	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 535.50
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									
1	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
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	15%	10%
Remaining Balance (Member)	\$ 212.00	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 397.50	\$ 424.00	\$ 477.00	\$ 477.00
Remaining Balance (Non-Member)	\$ 253.00	\$ 315.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 474.75	\$ 506.40	\$ 569.70	\$ 569.70
2	0 - \$26,500	\$26,501 - \$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
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	25%	20%
Remaining Balance (Member)	\$ 159.00	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 424.00	\$ 424.00
Remaining Balance (Non-Member)	\$ 189.90	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 506.40	\$ 506.40
3 or more	0 - \$26,500	\$26,501 - \$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
Financial Assistance %	60%	70%	65%	60%	55%	50%	45%	40%	35%	30%
Remaining Balance (Member)	\$ 106.00	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 371.00	\$ 371.00
Remaining Balance (Non-Member)	\$ 126.00	\$ 189.90	\$ 221.55	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 443.10	\$ 443.10

Afterschool Program Fees	Per Semester	# Semesters	Total
Member	\$ 176.00	3	\$ 530.00
Non-Member	\$ 211.00	3	\$ 633.00

EXHIBIT "C"

**SECTION 5.** This Resolution shall amend and supersede Resolution 10-076.

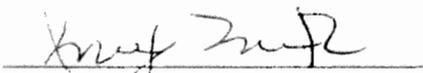
**SECTION 6.** Effective date.

This resolution shall take effect immediately upon passage.

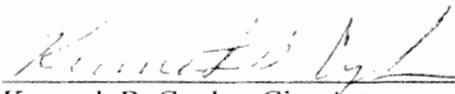
**DULY PASSED AND ENACTED** by the Council of the City of Sanibel,  
Florida, this 3<sup>rd</sup> day of January, 2011.

**AUTHENTICATION:**

  
Kevin Ruane, Mayor

  
Pamela Smith, City Clerk, MMC

APPROVED AS TO FORM:

  
Kenneth B. Cuyler, City Attorney

Date

12/28/11

Vote of Council Members:

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

Date filed with City Clerk: February 7, 2012

**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.

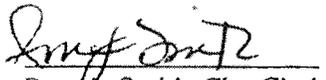
**SECTION 6.** Effective date.

This resolution shall take effect immediately upon passage.

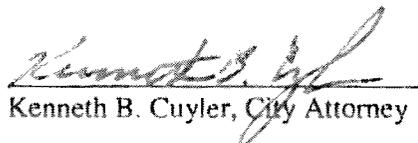
**DULY PASSED AND ENACTED** by the Council of the City of Sanibel, Florida, this 20th day of July, 2010.

**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	<del>yea</del>

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	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	
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%	
Remaining Balance (Member)	\$ 306.00	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 573.75	\$ 612.00	\$ 688.50	
Remaining Balance (Non-Member)	\$ 378.00	\$ 472.50	\$ 519.75	\$ 567.00	\$ 614.25	\$ 661.50	\$ 708.75	\$ 756.00	\$ 850.50	
2	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	
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%	
Remaining Balance (Member)	\$ 229.50	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 497.25	\$ 535.50	\$ 612.00	
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	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	
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%	
Remaining Balance (Member)	\$ 153.00	\$ 229.50	\$ 267.75	\$ 306.00	\$ 344.25	\$ 382.50	\$ 420.75	\$ 459.00	\$ 535.50	
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									
1	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	
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%	
Remaining Balance (Member)	\$ 212.00	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 397.50	\$ 424.00	\$ 477.00	
Remaining Balance (Non-Member)	\$ 253.20	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 474.75	\$ 506.40	\$ 569.70	
2	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	
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%	
Remaining Balance (Member)	\$ 159.00	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 424.00	
Remaining Balance (Non-Member)	\$ 189.90	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 506.40	
3 or more	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	
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%	
Remaining Balance (Member)	\$ 106.00	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 371.00	
Remaining Balance (Non-Member)	\$ 126.60	\$ 189.90	\$ 221.55	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 443.10	
Afterschool Program Fees	Per Semester	# Semesters	Total							
Member	\$ 176.00	3	\$ 528.00							
Non-Member	\$ 211.00	3	\$ 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".

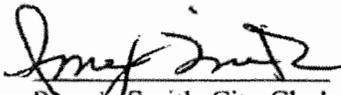
**SECTION 5.** Effective date.

This resolution shall take effect immediately upon passage.

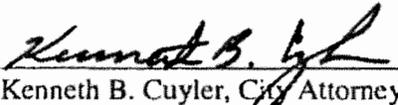
**DULY PASSED AND ENACTED** by the Council of the City of Sanibel, Florida, this 20<sup>th</sup> day of January, 2009.

  
\_\_\_\_\_  
Mick Denham, Mayor

**AUTHENTICATION:**

  
\_\_\_\_\_  
Pamela Smith, City Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Kenneth B. Cuyler, City Attorney

1/19/09  
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 - Indica Fee Sheet

# of children in household	Maximum Annual Household Income											
	\$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
1	\$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
Scholarship %	80%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%
Remaining Balance (Member)	\$272	\$236	\$200	\$164	\$128	\$92	\$56	\$20	\$16	\$12	\$8	\$4
Remaining Balance (Non-Member)	\$263	\$226	\$190	\$154	\$118	\$82	\$46	\$10	\$6	\$2	\$1	\$1
2	\$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
Scholarship %	70%	50%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%
Remaining Balance (Member)	\$154	\$128	\$102	\$76	\$50	\$24	\$18	\$14	\$10	\$6	\$2	\$1
Remaining Balance (Non-Member)	\$145	\$119	\$93	\$67	\$41	\$15	\$9	\$5	\$1	\$1	\$1	\$1
3	\$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
Scholarship %	60%	75%	75%	65%	60%	55%	50%	45%	40%	35%	30%	25%
Remaining Balance (Member)	\$108	\$132	\$156	\$180	\$204	\$228	\$252	\$276	\$300	\$324	\$348	\$372
Remaining Balance (Non-Member)	\$127	\$151	\$175	\$199	\$223	\$247	\$271	\$295	\$319	\$343	\$367	\$391
4 or more	\$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
Scholarship %	60%	65%	60%	75%	70%	65%	60%	55%	50%	45%	40%	35%
Remaining Balance (Member)	\$63	\$87	\$111	\$135	\$159	\$183	\$207	\$231	\$255	\$279	\$303	\$327
Remaining Balance (Non-Member)	\$83	\$107	\$131	\$155	\$179	\$203	\$227	\$251	\$275	\$299	\$323	\$347

After-School Program for Recreation Center Members = \$630 / year per child  
 After-School Program for Recreation Center Non-Members = \$630 / 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

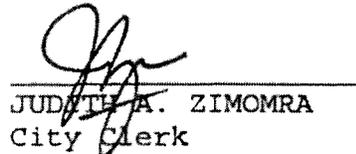
**SECTION 5. Effective date.**

This resolution shall take effect immediately upon passage.

**DULY PASSED AND ENACTED** by the Council of the City of Sanibel, Lee County, Florida, this 19<sup>th</sup> 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



**CITY OF SANIBEL  
RESOLUTION 12-040**

**A RESOLUTION AMENDING RESOLUTION 10-076, AS AMENDED, RELATING TO THE SANIBEL RECREATION FINANCIAL COMMITTEE; PROVIDING FOR AN AMENDMENT TO SECTION TWO OF SUCH RESOLUTION IN ORDER TO ADD UP TO TWO ADDITIONAL MEMBERSHIP SEATS FOR THE RECREATION FINANCIAL ASSISTANCE COMMITTEE; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the Sanibel Recreation Financial Assistance Committee currently has a membership of five persons and the City Council finds it necessary and appropriate to expand the membership of the Sanibel Recreation Financial Assistance Committee to a membership of up to seven members;

**NOW THEREFORE, BE IT RESOLVED**, by the City Council, City of Sanibel, Florida, that City of Sanibel Resolution No. 10-076, is hereby amended as follows with underlined language indicating additions and ~~strike through~~ language indicating deletions:

**SECTION 1.** This resolution sets forth the purpose of the Recreation Financial Assistance Committee and establishes the membership appointment criteria for the Committee, the functions and duties of the Committee and an annual attendance requirement for the Committee membership. This Resolution also sets forth the financial assistance policy and procedures for the Recreation Department's Summer Camp Program, After-School Program, (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.

A. Such Recreation Financial Assistance Committee shall be composed of ~~five (5)~~ up to seven (7) citizens appointed by the Sanibel City Council. ~~Three (3)~~ Four (4) members of the Recreation Financial Assistance Committee shall constitute a quorum for purposes of conducting Committee business.

All current committee members shall be authorized to serve in their positions for the remainder of their terms and thereafter all appointments of members to the Recreation Financial Assistance Committee shall be made by City Council in accordance with this section.

B. 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.

C. There is hereby established an annual attendance requirement for the Recreation Financial Assistance Committee which shall be a minimum attendance requirement of 75% of all scheduled meetings during each calendar year commencing January 1, 2012. "Attendance" shall mean physically present at a meeting. Emergency meetings, if called, shall not constitute a scheduled meeting for purposes of this provision. In the event that a member fails to meet the minimum attendance requirement, such failure shall constitute an automatic and immediate tender of resignation. Such vacancy shall be filled through appointment by the City Council as soon as it is practical.

**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, 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.** 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".

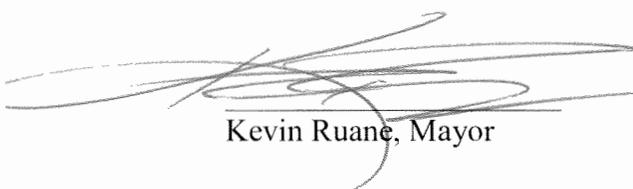
**SECTION 5.** This Resolution shall amend and supersede Resolution 10-076, as amended.

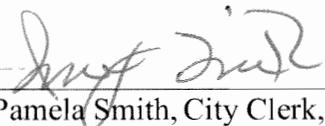
**SECTION 6.** Effective date.

This resolution shall take effect immediately upon adoption.

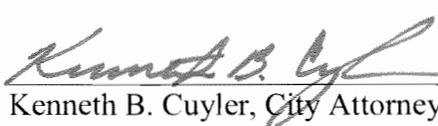
**DULY PASSED AND ENACTED** by the Council of the City of Sanibel, Florida, this 1st day of May, 2012.

**AUTHENTICATION:**

  
Kevin Ruane, Mayor

  
Pamela Smith, City Clerk, MMC

APPROVED AS TO FORM:

  
Kenneth B. Cuyler, City Attorney

4/23/12  
Date

Vote of Council Members:

Ruane	—yea
Denham	—yea
Congress	—yea
Harrity	—yea
Jennings	—yea

Date filed with City Clerk: May 1, 2012