

CITY OF SANIBEL
FINANCIAL ASSISTANCE COMMITTEE
ANNUAL REPORT
2012

Any Issues the Committee wants to bring to City Council's Attention:

- Revised sliding fee scale that provides an increase in assistance to applicants who continue to be required to contribute no less than twenty percent of program fee.

Committee Accomplishments:

- Oversee awards to eligible applicants to determine if the financial assistance award is used fully, partially, or not at all.
- Continue to refine Financial Assistance Application.
- Dissemination of the application online and at numerous locales on the island to facilitate the availability of the application.

Any Committee Recommendations to City Council:

- Continue pursuit of grants by City Staff.

Respectfully submitted,

Members of the Committee:

Barry A. Roth, Chairperson

Nancy Bender

Jean Ann DeWalt

Maggi Feiner

Richard McCurry

Lynn Ridlehoover

Date Submitted:

March 2013

**Financial Assistance
2012 Attendance**

Members	JAN 23 2012		FEB 27 2012		MAR 26 2012		APR 23 2012		MAY 14 2012		MAY 21 2012		JUN 11 2012		JUN 25 2012		JUL 9 2012		JUL 30 2012		AUG 27 2012		SEP 24 2012		
	Yes	No	Yes	Excused	Yes	No	Excused	Yes	No	Excused	Yes	No	Excused	Yes	No	Excused	Yes	No	Excused	Yes	No	Excused	Yes	No	Excused
DeWalt, Jean Ann	X		X		X		X		X		X		X		X		X		X		X		X		X
Feiner, Maggi	X		X		X		X		X		X		X		X		X		X		X		X		X
Greggs, Shelley	X		X		X		X		X		X		X		X		X		X		X		X		X
Ridlehoover, Lynn	X		X		X		X		X		X		X		X		X		X		X		X		X
Roth, Barry	X		X		X		X		X		X		X		X		X		X		X		X		X
Bender, Nancy																									
McCurry, Richard																									

Jan/J.DeWalt left at 10:03 - meeting adjourned @ 10:19

Mar/M.Feiner medical emer.

Apr/N.Bender R.McCurry appt. to comm.

Apr/S.Greggs resigned from comm.

Jul 30/R. McCurry arrived at 8:37

No
Quorum

Members	Nov 19 2012		DEC 17 2012	
	Yes	No	Yes	Excused
DeWalt, Jean Ann	X		X	
Feiner, Maggi	X		X	
Ridlehoover, Lynn	X		X	
Roth, Barry	X		X	
Bender, Nancy	X		X	
McCurry, Richard	X		X	

Nov/Lack of Quorum - J DeWalt emailed on 11/16/12 informing she will be out of town for the Holiday

Lynn Ridlehoover emailed on 12/17/12 - not feeling well, unable to attend meeting.

**Recreation Financial Committee
2013 Re-Appoint Request**

Members	Re-appoint		
	Yes	No	No Response
Bender, Nancy	X		
DeWalt, Jean Ann	X		
Feiner, Maggi	X		
McCurry, Richard	X		
Ridlehoover, Lynn	X		
Roth, Barry	X		

**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".

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 3rd day of January, 2011.

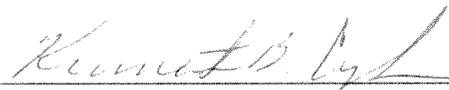
AUTHENTICATION:



Kevin Ruane, Mayor



Pamela Smith, City Clerk, MMC

APPROVED AS TO FORM: 
Kenneth B. Cuyler, City Attorney 12/28/11
Date

Vote of Council Members:

Ruane yea
Denham yea
Congress yea
Harrity yea
Jennings yea

Date filed with City Clerk: February 7, 2012



**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.I.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											
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	\$ 344.50	\$ 371.00	\$ 397.50	\$ 424.00	\$ 477.00			
2	Remaining Balance (Non-Member)	\$ 253.20	\$ 316.50	\$ 379.80	\$ 411.45	\$ 443.10	\$ 474.75	\$ 506.40	\$ 569.70			
	Financial Assistance %	70%	60%	50%	45%	40%	35%	30%	20%			
3 or more	Remaining Balance (Member)	\$ 159.00	\$ 212.00	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 424.00			
	Remaining Balance (Non-Member)	\$ 189.90	\$ 253.20	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 506.40			
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	\$ 424.00	
Remaining Balance (Non-Member)	\$ 126.60	\$ 189.90	\$ 221.65	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 443.10	\$ 506.40		
Afterschool Program Fees	Per Semester											
Member	\$ 176.00	\$ 3	\$ 530.00									
Non-Member	\$ 211.00	\$ 3	\$ 633.00									

EXHIBIT "C"