



SUMMER CAMP SCHOLARSHIP PROGRAM

Providers' Information Update Meeting



Agenda



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- 1) Purpose of SCSP
- 2) Our Campers
- 3) 2021 Provider Applications & Information
- 4) 7th Annual Super Summer Spelling Bee
- 5) 2022 Provider Application
- 6) SCSP Database Updates
- 7) Monitoring
- 8) Parent Application
- 9) Resources
- 10) Questions/ Closing Remarks



1) Purpose



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The Summer Camp Scholarship Program provides full-tuition and fees for summer camp for children residing in families with income at or below 150% of Federal Poverty Guidelines.

- It gives children educational and recreational opportunities for growth.
- Parents may choose from participating camps throughout Palm Beach County.
- Serving children 5 -14 years old, or up to 17 years old for special populations



Federal Poverty Guidelines



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# of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$12,880	\$17,130	\$17,774	\$19,320	\$25,760	\$38,640	\$51,520
2	\$17,420	\$23,169	\$24,040	\$26,130	\$34,840	\$52,260	\$69,680
3	\$21,960	\$29,207	\$30,305	\$32,940	\$43,920	\$65,880	\$87,840
4	\$26,500	\$35,245	\$36,570	\$39,750	\$53,000	\$79,500	\$106,000
5	\$31,040	\$41,283	\$42,835	\$46,560	\$62,080	\$93,120	\$124,160
6	\$35,580	\$47,321	\$49,100	\$53,370	\$71,160	\$106,740	\$142,320
7	\$40,120	\$53,360	\$55,366	\$60,180	\$80,240	\$120,360	\$160,480
8	\$44,660	\$59,398	\$61,631	\$66,990	\$89,320	\$133,980	\$178,640

Add \$4,540 for each person in household over 8 persons



2) Our Campers



2015-2021 Scholarships Trends



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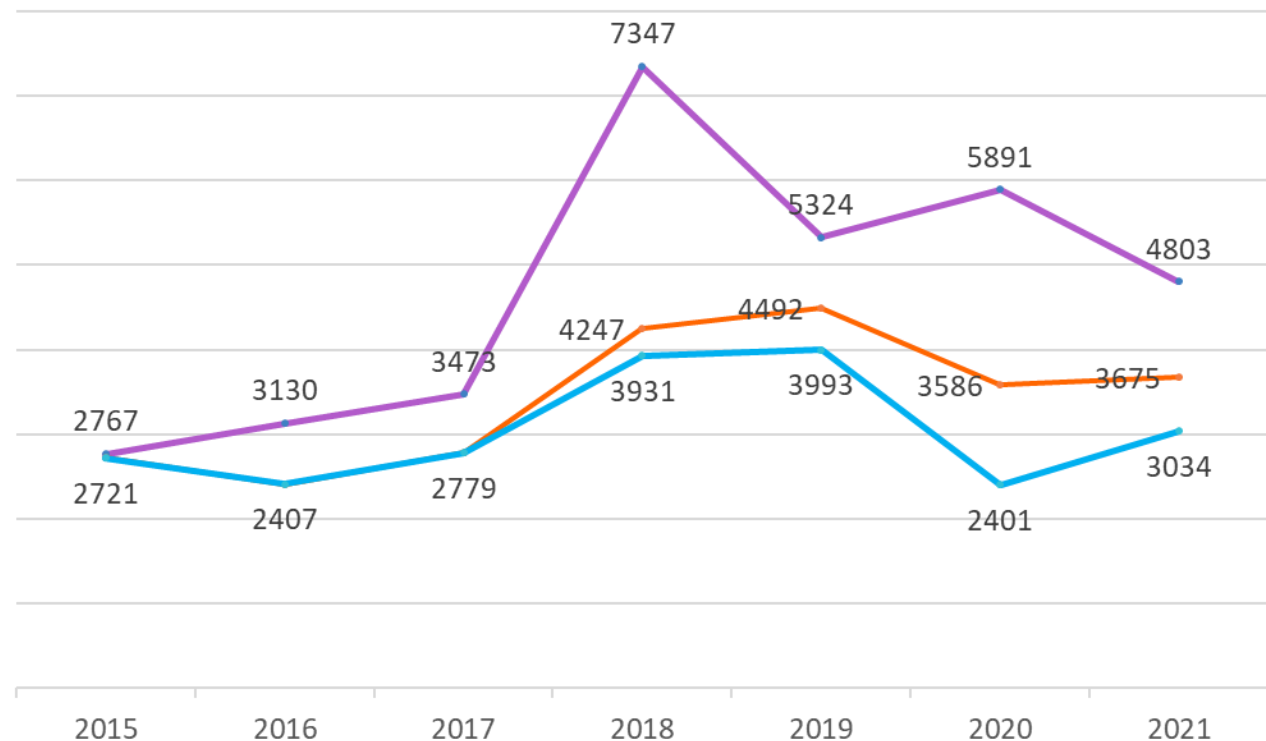


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In 2021, the total amount spent on scholarships was \$2,287,300.80.



Applications Received

Scholarships Awarded

Scholarships Used

2021 Demographics: Scholarships Utilized



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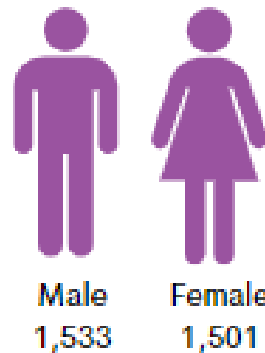


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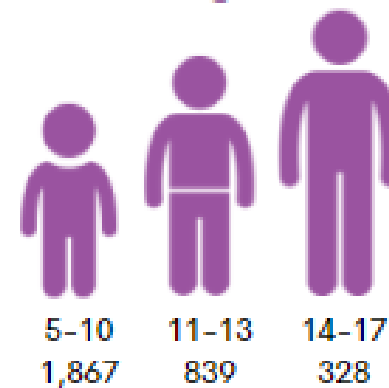


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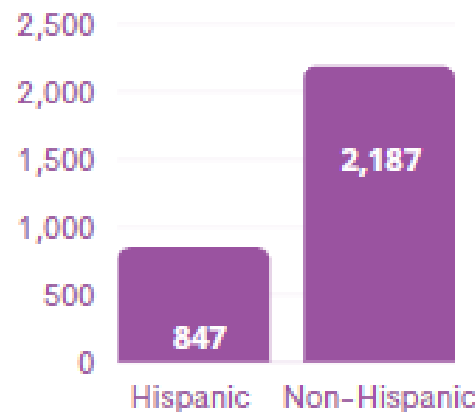
Gender:



Age:



Ethnicity:



2020 Demographics: Scholarships Utilized



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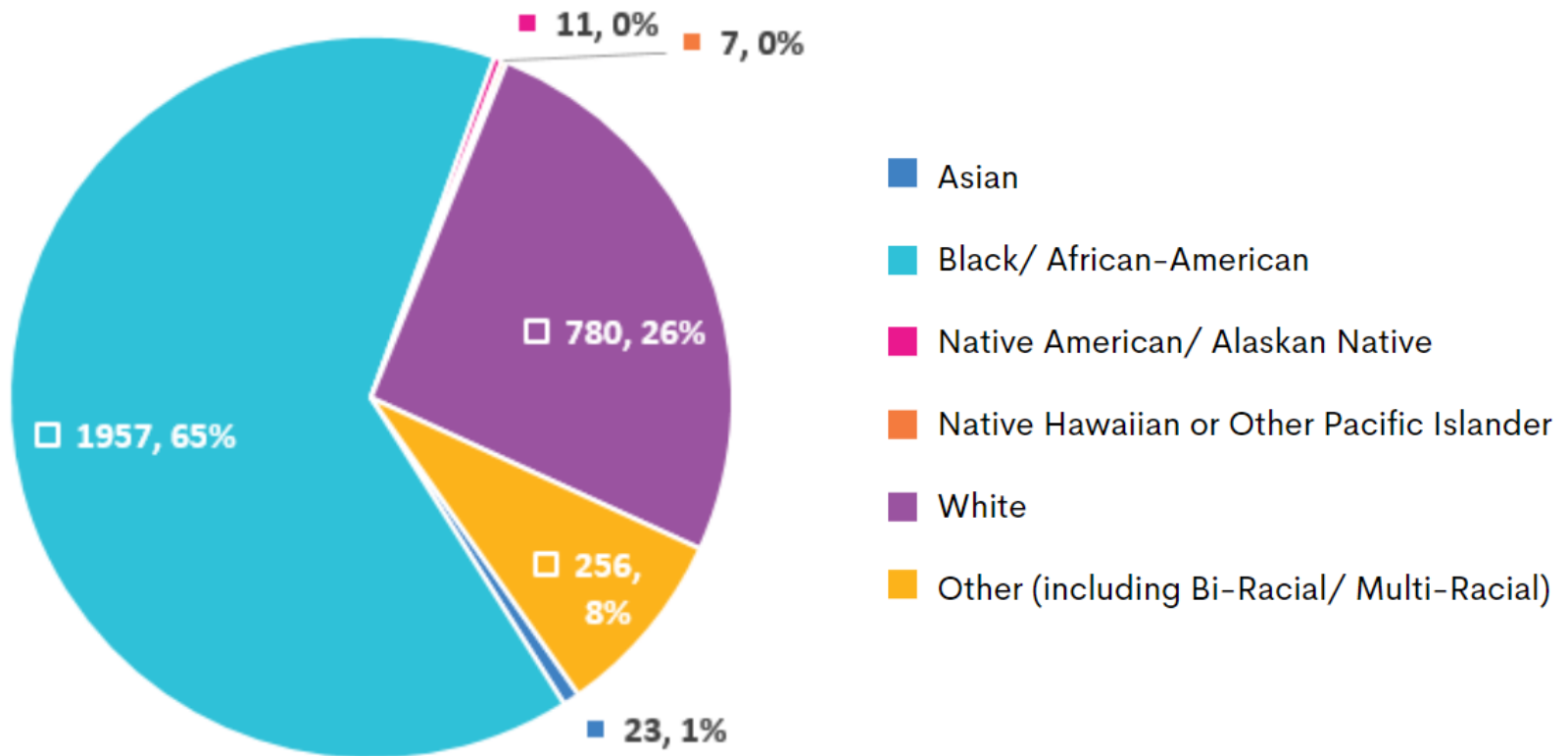


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Race:



2021 Parent Survey



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3) 2021 Provider Application & Info



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Summer Camp

[Register](#) [Login](#)

LOGIN

User Name

Password:

Enter your password

Summer Camp - Secured by Enterprise Connect.
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[Forgot Password?](#)

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2021 Provider Applications



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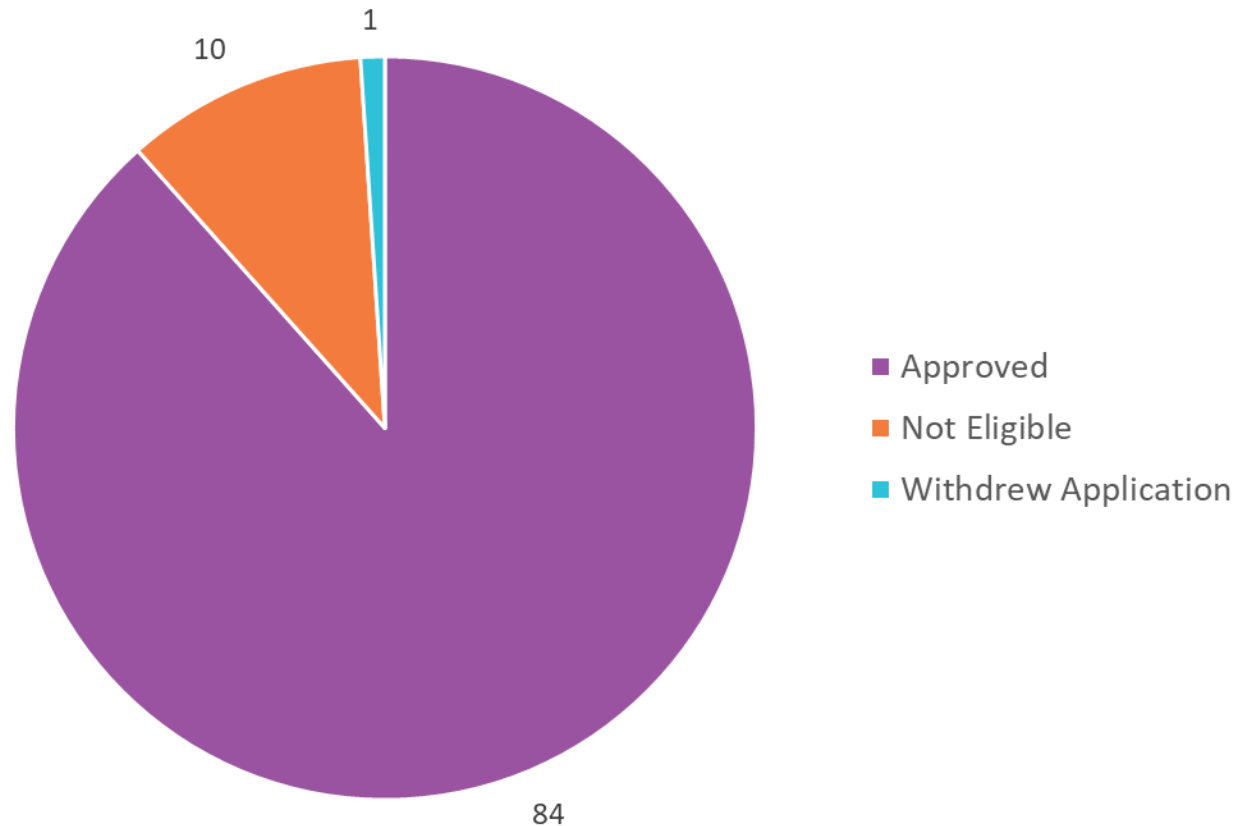
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Providers Not Eligible



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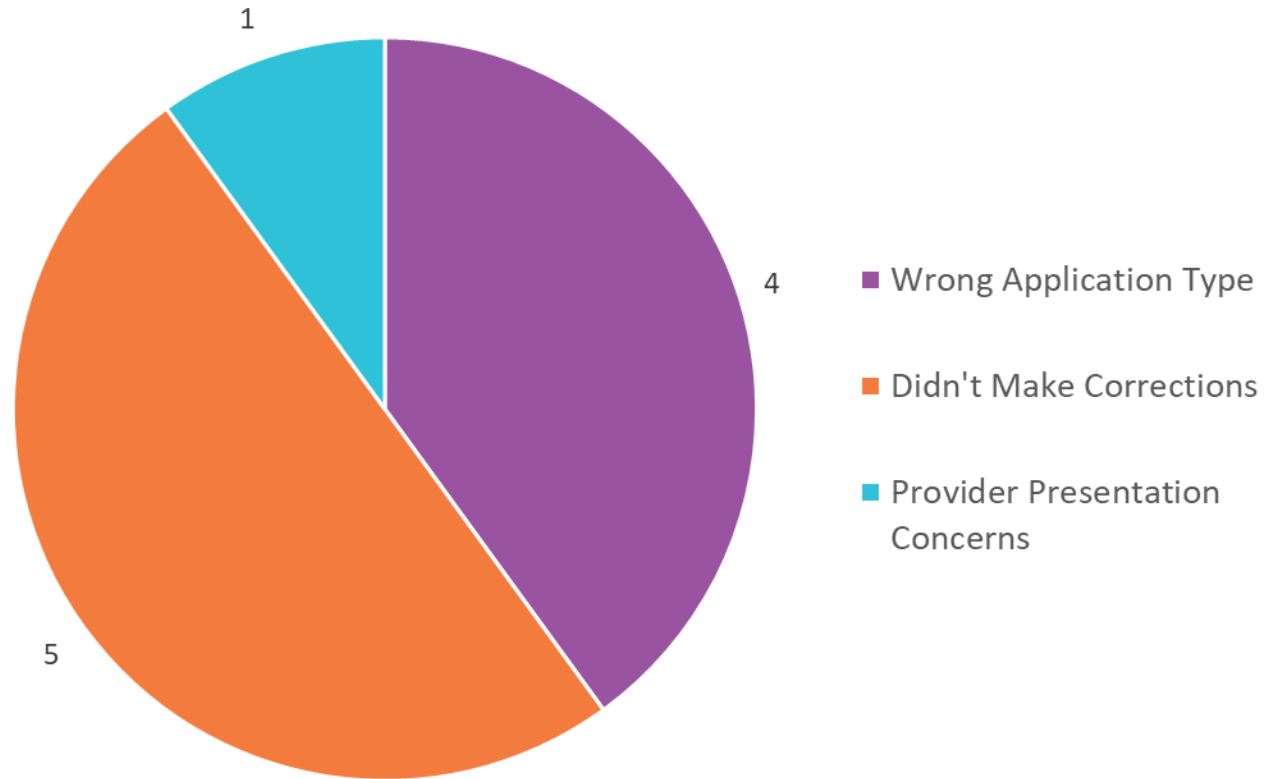
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Providers Not Eligible



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My Applications

General Details

Show 10 entries

Filter:

	Application #	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview	
✓	DFS-2022-00002		Specialized Camp	DRAFT	10/28/2021				
✓	DFR-2022-00001		Summer Camp	DRAFT	10/28/2021				

Showing 1 to 2 of 2 entries

Previous 1 Next

+ Add New Summer Camp Application

+ Add New Specialized Camp Application

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2021 Camp Stats



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All camps in-person



133 camps sites were originally approved for 2021 (as of 2/16/21)



33 of those sites *did not* open



100 camps remained in operation throughout the summer



94 camps had enrolled campers & provided services



2021 Operating Camps by Type



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Summer Camp Types:



Educational Enrichment Camps (EEC)

provide a curriculum that includes educational advancements to prevent summer learning loss



Specialty Camps

focus on sports, dance, technology, art, and/or wellness



Special Needs Camps

provide support to campers on the autism spectrum and related disabilities requiring supervised daytime care



Regular Camps

all other camps not specifically mentioned above



2021 Operating Camps by Type



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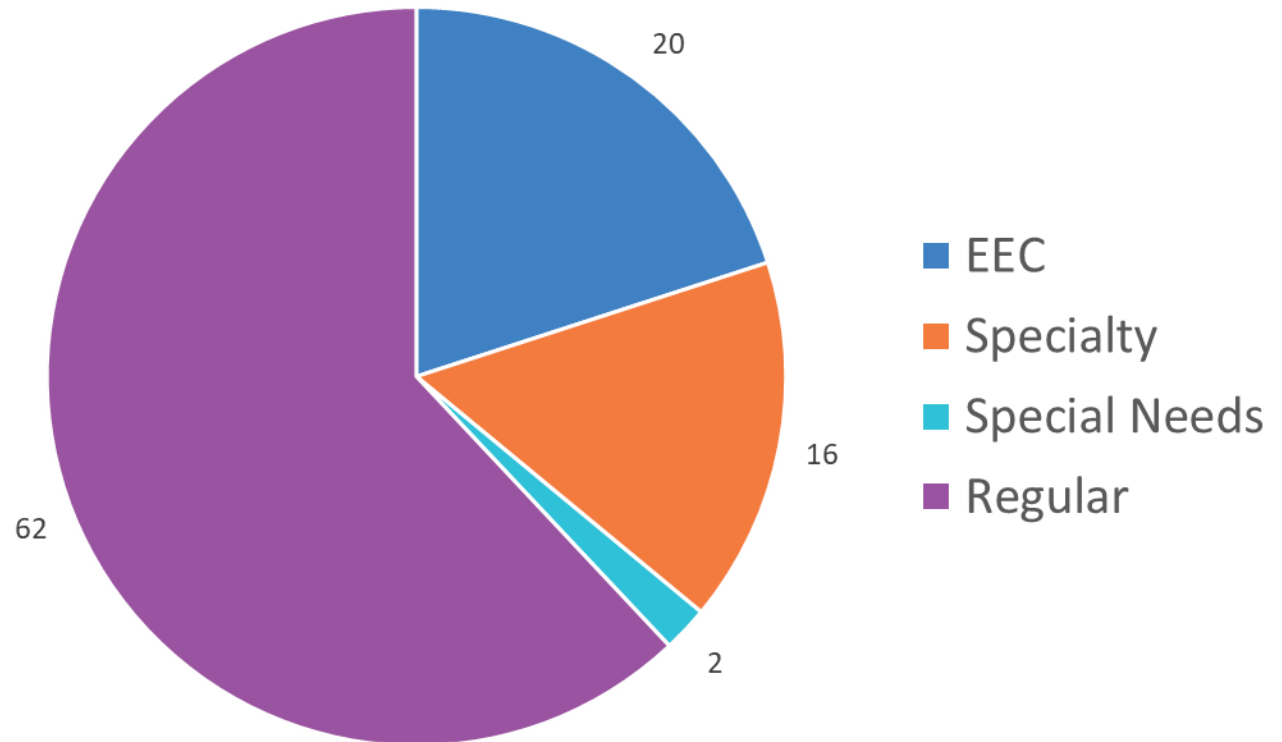
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4) 7th Annual Super Summer Spelling Bee



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The spelling bee is an academic activity that encourages the spirit of learning while preventing summer slide.

7th Annual Super Summer Spelling Bee



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YSD hosted the 7th annual Super Summer Spelling Bee.

- Virtual event via Zoom & kahoot!
- 129 spellers participated
- 34 registered camps
- All winners received a trophy and book.
- 1st place camper won a Kindle!



7th Annual Countywide Spelling Bee
Wednesday
JULY 21, 2021
Virtual Spelling Bee
via Zoom & Kahoot!

With the purpose of providing academic activities to encourage the spirit of learning while preventing summer slide!

Limited to Summer Camp Scholarship Program's participating camps only. Register spellers via the Summer Camp Scholarship Program portal. Under the "Spelling Bee" tab.
Deadline to register is July 19, 2021

Awards • Prizes • and Much More!

Categories:	K-2nd Grade	3rd-5th Grade	6th-8th Grade	9th-12th Grade
Times:	8:30-9:30 am	10:00-11:00 am	11:30 am-12:30 pm	2:00-3:00 pm

Registration & Information:
Gus Wessel
Tel: (561) 242-5713 • Email: YSD-SpellingBee@pbcgov.org
Website: pbcgov.com/youthservices

5) 2022 Provider Application



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- Role of the Provider
- Dates to Remember
- Eligibility Guidelines
 - ✓ Required Forms
 - ✓ Reimbursement
- Provider Presentation
- Direct Deposit



Role of the Provider



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1. Provider application with appropriate documents
2. Marketing and Recruiting
3. Parent application assistance & follow up
4. Billing- sign in, policy for payment
5. Camp schedule/ services
6. Compliance with programming, change notification, communication with YSD etc.



Dates to Remember



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Camp Dates: 5/31/22 – 8/5/22

Provider Application Dates: Open: 11/19/2021 Close: 1/7/2022

Parent Application Dates: Open: 1/31/2022 Close: 4/15/2022

Community Outreach Events:

Belle Glade Library – Wednesday 3/17/22 10:00 am – 7:00 pm

YSD – 4 Points Office – Afterhours Tues & Thurs until 7:00pm
(by appointment only)

8th Annual Super Summer Spelling Bee: TBD mid-July 2022

Billing Cycles: (Failure to meet deadline date may result in non-payment)

Mid-cycle: 5/31/2022 – 6/24/2022

Last day to submit: 7/8/2022

End Cycle: 6/27/2022 – 8/5/2022

Last day to submit: 8/19/2022



Eligibility



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- Sunbiz
- DCF Affidavit of Compliance
- Daily Activity Schedule
- Field Trip Safety Policy
- Certification of Insurance (COI)



Sunbiz & W-9



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Limited Liability Company
BLUE & CO., LLC

Filing Information

Document Number M16000003245
FE/EIN Number 35-1178661
Date Filed 02/26/2016
State IN
Status ACTIVE

Principal Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Mailing Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title MGR

SMITH, KATHY J
12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Annual Reports

Report Year	Filed Date
2017	03/13/2017
2018	04/20/2018
2019	04/18/2019

W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional) Please Enter your Show Name(s)

Requester's name and address (optional)

Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

□ □ □ - □ □ - □ □ □ □

Employer identification number

□ □ - □ □ □ □ □ □

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

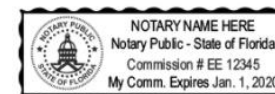
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Note. If a requester gives you a form other than Form W-9 to request





Daily Activity Schedule



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Camp Name: **SAMPLE – DAILY ACTIVITY SCHEDULE**

Date Range:

Type of Camp: (please circle)

Regular

EEC

Specialty

Sports

Special Needs

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 am – 8:00 am	Daily Sign In / Indoor & Outdoor Activities				
8:00 am – 8:30 am	Breakfast & Announcements				
8:30 am – 10:00 am	Math	Spanish	Reading	Robotics	Field Trip/ Activities
10:00 am – 11:00 am	Math	Spanish	Reading	Robotics	
11:00 am – 12:00 pm	Fitness	Outdoor Activity	Nutrition	Art	
12:00 pm – 1:00 pm	Lunch	Lunch	Lunch	Lunch	
1:00 pm – 2:00 pm	Rest Time	Rest Time	Rest Time	Rest Time	
2:00 pm – 3:00 pm	Snack Time	Snack Time	Snack Time	Snack Time	
3:00 pm – 4:00 pm	Spelling Bee	Spelling Bee	Spelling Bee	Spelling Bee	Movie
4:00 pm – 5:00 pm	Outdoor Play	Art	Writing	Music	
5:00 pm – 6:00 pm	Daily Sign Out / Dismissal / Indoor & Outdoor Activities				



Field Trip Safety Policy



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Camp Happy

1234 Red Rose Lane, West Palm Beach, FL 33415
Phone: 561-242-5738 Email: YSD-Summercamp@pbcgov.org

Field Trip Safety Guidelines

Information about the field trips will be provided weekly one (1) week prior to each event. In order to ensure a fun and safe environment away from campgrounds. Please take a few minutes to read over the guidelines with your child. Then sign and return this form to the camp to confirm your acknowledgement of these rules and authorizing your child to go on field trips.

GENERAL

- Campers are **required** / **not required** to bring money.
- Lunch and snacks will be **provided** / **not provided**.
- Headcounts will be conducted multiple times during the day; before leaving camp, on the vehicle, after the vehicle unloads at destination, throughout the day, once loaded to return back to camp, and after unloading at camp.
- Cell phone/ other electronic devices _____

RULES ON THE BUS

- Seatbelts must be worn at all times.
- No hazardous or disruptive activity or noise will be permitted while the vehicle is moving.
- All passengers must follow the driver's instructions.
- All windows must be kept clear of objects that may obstruct the driver's view.
- In case of an accident or emergency; stop and do not exit the vehicle unless instructed by the driver or group leader(s).
- Always exit the vehicle towards the side walk of the vehicle; NEVER exist on the side of traffic.
- Driver or group leader(s) shall do a physical walk through to ensure all campers exited the bus and took their belongings.



Field Trip Safety Policy



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PARENTS' AND CAMPER'S RESPONSIBILITIES

- Wear camp t-shirt on all field trips
- Clearly label all backpacks/bags with child's name
- When required for field trip, provide additional clothing, socks, bathing suites, towels, etc.
- Field trip vary; take note of departure and return times of each field trip.
- Campers must arrive _____ before departure.
- Alert camp if camper has certain conditions that will prevent him/her from participating in a particular activity (non-swimmer, allergies, environmental allergies, insects, animals, etc.)
- Violation of these rules may result in _____

CAMP'S RESPONSIBILITIES

- Encourage the campers to stay hydrated
- Contact parents/guardians of any changes in schedule due to unforeseen circumstances such as weather, transportation issues, etc.
- Provide adequate supervision (**1:25 adult to camper ratio and two CPR certified staff**)
- Visit sites that are educational, fun, and safe.

By signing below, I acknowledge that I have read, understand, and have discussed the above guidelines with my child(ren).

Name of parent (print): _____

Signature of parent: _____ Date: _____

Name of camper(s):

1. _____
2. _____
3. _____
4. _____



Certificate of Insurance (COI)



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Issued Date: "COI issued date should be within 15 days from the date of its receipt. COI should not, unless approved by Risk Management be accepted if issued more than 30 days from the date of its receipt"

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)
PRODUCER Insurance Company Information				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Camp/Agency Legal Name				INSURERS AFFORDING COVERAGE		NAIC #
				INSURER A:		
				INSURER B:		
				INSURER C:		
				INSURER D:		
				INSURER E:		
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSURANCE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	123456	10/24/19	10/24/20	EACH OCCURRENCE	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG					PRODUCTS - COM/OP AGG	\$
AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> ANY AUTO	123456	10/24/19	10/24/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT	\$	
GARAGE LIABILITY					OTHER THAN EA ACC	\$
ANY AUTO					AGG	\$
EXCESS/UMBRELLA LIABILITY	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
					AGGREGATE	\$
	DEDUCTIBLE					\$
	RETENTION					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED?	123456	10/24/19	10/24/20	WC STATUTORY LIMITS	\$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				OTH-ER	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
OTHER					E.L. DISEASE - POLICY LIMIT	\$
Sexual Abuse/molestation		123456	10/24/19	10/24/20	Policy limit or exclude coverage \$250,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
Palm Beach County Board of County Commissioner s, a Political Subdivision of the State of Florida, Its Officers, Employees and Agents. Please insert the following additional issued language in this section.						
CERTIFICATE HOLDER				CANCELLATION		
Palm Beach County C/O Youth Services Department 50 S. Military Trail, Suite #203 West Palm Beach, FL 33415				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE		

ACORD 25 (2001/08)

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
Insurance Company Information

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Camp/Agency Legal Name

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY	123456	10/24/19	10/24/20	EACH OCCURRENCE	\$ 500,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY	123456	10/24/19	10/24/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					

Check the boxes that applies to your automobile

<input type="checkbox"/>	<input type="checkbox"/>	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/>	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC	\$
<input type="checkbox"/>	<input type="checkbox"/>					AUTO ONLY: AGG	\$
<input type="checkbox"/>	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
<input type="checkbox"/>	<input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
<input type="checkbox"/>	<input type="checkbox"/>						\$
<input type="checkbox"/>	<input type="checkbox"/>	DEDUCTIBLE					\$
<input type="checkbox"/>	<input type="checkbox"/>	RETENTION \$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						OTH-ER	
If yes, describe under SPECIAL PROVISIONS below						E.L. EACH ACCIDENT	\$ 500,000
OTHER						E.L. DISEASE - EA EMPLOYEE	\$
Sexual Abuse/molestation			123456	10/24/19	10/24/20	E.L. DISEASE - POLICY LIMIT	\$
						Policy limit or exclude coverage \$250,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, Its Officers, Employees and Agents.							
CERTIFICATE HOLDER				CANCELLATION			
Palm Beach County C/O Youth Services Department 50 S. Military Trail, Suite #203 West Palm Beach, FL 33415				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE			

Reimbursement / Invoice Submission



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[PBCYSD](https://www.instagram.com/PBCYSD)

MID-CYCLE BILLING
MAY 31ST – JUNE 24TH

DUE DATE:
JULY 8TH
2022

END-CYCLE BILLING
JUNE 27TH – AUG 5TH

DUE DATE:
AUGUST 19TH
2022



Reimbursement Guidelines



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- Camp must be **offered 5 days a week** to request reimbursement (only exceptions being County-observed holidays or natural disasters)
- Camps are required to provide services for a minimum of **7 weeks**
- Providers must provide a minimum of **9 hours** of supervised activities daily
- Camper must attend camp a **minimum of 4 consecutive daily hours at least 3 days within the week** for provider to request reimbursement
- 1 week vacation OR 1 week sick will be reimbursed IF prior notification of vacation or proof of sick documentation is received AND it is noted on the attendance sheet



Reimbursement Guidelines



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- Providers will be paid for 1st week if camper failed to attend. **ONLY IF the Program Coordinator is notified within that week.**
- Providers are not allowed to substitute a child, accept child or reassign scholarship number to another child without prior YSD Approval.
- Approved providers are not eligible to receive scholarships for their own children.
- Parents must sign attendance sheets.
- Reimbursement rate is **\$130 weekly** (with the exception of Special Needs camps)
 - EECs were increased to \$140 weekly in 2021



Reimbursement Guidelines



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PBCYSD

- If camp will not be operating due to vacation, it should be stated on your camp calendar/ daily activity schedule. There will be no reimbursement.
- Summer Camp reimbursement must include registration fees, at least one t-shirt, and all scheduled field trips.
- Applicant shall not be charged for any portion of SCSP. However, camp may assess a one-time, non-refundable registration fee up to \$25.00 per camper.
 - **No registration fee may be charged to families of Homelessness, Foster Care involved, DJJ involved, and Bridges-SRP.**



Provider Presentation



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- Provide full picture of camp to funders
- To be scheduled after approved application
- 15-20 minute presentation

9 Areas of Review:

1. **Activities** - Opportunities for development of skills rather than just recreation or having fun
2. **Staff Growth & Development** – Training and development options for staff
3. **Campers (building character)** - Providing activities & opportunities for emotional & personal growth
4. **Facility/ Location**
5. **Managing Conflict** - Procedure/plan in place to manage a conflict
6. **Marketing** - Informing the neighboring community about your services
7. **Nutritious Meals**
8. **Preventing Summer Slide** - the loss of academic skills & knowledge over the course of summer vacation
9. **Safety & Sanitation** - to ensure staff & campers are practicing appropriate safety measures



Provider Presentation



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All received presentations can be found on our website:

<https://discover.pbcgov.org/youthservices/Pages/Camp-Provider-Presentations.aspx>



Summer Camp Provider Presentations

[Return to the Summer Camp Page](#)



SELECT A CATEGORY TO VIEW PROVIDER PRESENTATIONS

Select a Category:

Educational Enrichment Camps (EEC)

Regular Camps

Special Needs Camps

Specialty Camps

Sports Camps

Direct Deposit



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New in 2022

- We will be moving forward with Direct Deposit
- If for some reason this will not work for your camp, please schedule a meeting with us to discuss
- Information will be entered with your application



Direct Deposit



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PBCYSD

Application Number: DFS-2022-00002 Status: Draft

[Home](#) [Application](#) **[\\$ Direct Deposit](#)** [\(A\) Camps](#) [Check List](#) [Terms & Agreements](#) [Attachments](#)

Direct Deposit Section

Direct Deposit

Account Number:*

Routing Number:*

Attach Voided Check:*



6) SCSP Database Updates



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Summer Camp

Register

Login

LOGIN

User Name

Enter your user name

Password:

Enter your password

Summer Camp - Secured by Enterprise Connect
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LOGIN

[Forgot Password?](#)



SCSP Database Updates



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Application Number: DFS-2022-00002 Status: Draft

[Home](#) [Application](#) [Direct Deposit](#) [Camps](#) [Check List](#) [Terms & Agreements](#) [Attachments](#)

Step 3 of 6, Camp Section

Location Information

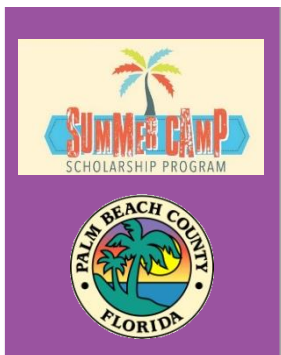
Site Name:*

Camp Happy

Address:*

Camp Happy

Has this address obtained a pre-operational site visit with SCSP in the past?:* ☐ Yes ☐ No



SCSP Database Updates



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Application Number: DFS-2022-00002 Status: Draft

Home Application Direct Deposit Camps Check List Terms & Agreements Attachments

Step 3 of 6, Camp Section

+ Add New Camp

Location Information

Site Name: *

Address: *

Sub Type: * --Select Any--

Has this address obtained a pre-operational site visit with SCSP in the past? * ☐ Yes ☐ No

Camp Information

Please Provide ONLY three important details about your camp that you would like parents to know. (These brief descriptions will be provided to parents during the application process to assist parents with selecting a camp suitable for their children.) *



Sub Type: *

Specialty Camp

Specialty: *

SCSP Database Updates



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Languages?*

☐ Spanish

☐ Haitian Creole

☐ Other

2021 Summer Camp Directory

updated 6/16/21

Camp Type Legend	
EEC – Educational Enrichment Camp (50% or more activities are academic)	
Sports Camp – sports enriched activities	
Regular Camp – provides supervision, engagement and activities	
Special Needs Camp – specialized services geared to children with special needs	
Specialty Camp – includes dance, music, STEM, etc.	

	Camp Name	Contact Name	Agency Phone #	Address	City	Zip Code	Camp Type	Age Range	Operation Start Date	Operation End Date*	Camp Status	Start Time	End Time
1	A Reading and Math Academy Inc	Lance Stewart	(561) 433-9564	4485 S Haverhill Rd	Lake Worth	33463		5-11	06/21/2021	08/06/2021	Available	8:00 AM	5:00 PM
2	A Reading and Math Academy Military Trail	Mellanie Stewart	(561) 827-7840	6697 S Military Trl	Lake Worth	33463		6-14	06/21/2021	08/06/2021	Available	8:00 AM	5:00 PM
3	Achievement Center Family Resource Center at (Morton Downey Family Resource Center)	Michael Gulley	(561) 276-0520	555 NW 4th St	Delray Beach	33444		5-12	06/21/2021	08/06/2021	Available	7:30 AM	5:30 PM
4	Achievement Centers at Pine Grove Elementary	Michael Gulley	(561) 276-0520	400 SW 10th St	Delray Beach	33444		5-12	06/21/2021	08/06/2021	Available	7:30 AM	5:30 PM
5	Achievement Centers at Village Academy School	Michael Gulley	(561) 276-0520	400 SW 12th Ave	Delray Beach	33444		5-17	06/21/2021	08/06/2021	Available	7:30 AM	5:30 PM
6	Acts of Kindness at Judge Rogers Developmental Center (formally Maritime Academy)	Cynthia Jiles	(561) 891-7737	251 W 11th St	Riviera Beach	33404		5-14	06/21/2021	08/06/2021	Available	7:30 AM	5:30 PM
7	Adopt-A-Family of the Palm Beaches, Inc.	Daron Morse	(561) 253-1361	1712 2nd Ave N 1	Lake Worth	33460		5-12	06/28/2021	07/30/2021	Available	7:30 AM	5:40 PM
8	All Starz Cheer and Dance Camp	Sandi Russell	(561) 444-8455	10300 Riverside Dr	Palm Beach Gardens	33410		5-14	06/21/2021	08/06/2021	Available	8:30 AM	5:30 PM
9	Ascension 33, Inc	Shanique Scott	(561) 463-2113	1540 NW Avenue L	Belle Glade	33430		5-16	06/21/2021	08/06/2021	Available	8:00 AM	5:00 PM
10	Atkins Tender Loving Care	Juan K. Atkins	(561) 848-6753	1144 W 10th St	Riviera Beach	33404		5-12	06/21/2021	08/06/2021	Available	6:30 AM	5:30 PM
11	Atkins Tender Loving Care, RI Hendley Avenue	Juan K. Atkins	(561) 848-6753	2721 RI Hendley Ave	Riviera Beach	33404		5-12	06/21/2021	08/06/2021	Available	6:30 AM	5:30 PM
12	Basketball & Books at JFK Middle (STAMP)	Lucy Shaw	(561) 822-3992	1901 Avenue S	Riviera Beach	33404		8-16	06/21/2021	08/06/2021	Available	7:30 AM	5:00 PM
13	Belle Glade Elementary Boys & Girls Club #61	Lisa Marchitto	(561) 683-3287	500 NW Avenue L	Belle Glade	33430		5-13	06/21/2021	08/06/2021	Available	7:30 AM	6:00 PM
14	Belvedere Elementary School	Ljana Farmer	(561) 838-5930	3000 Parker Ave	West Palm Beach	33405		5-12	06/22/2021	07/30/2021	Available	7:30 AM	5:30 PM
15	Bethel Evangelical Church, Inc	Eltzie Phanord Petit-Bien	(561) 498-2855	5780 Atlantic Ave	Delray Beach	33484		5-14	06/21/2021	07/30/2021	Available	8:00 AM	6:00 PM
16	Boca Raton Boys & Girls #80	Lisa Marchitto	(561) 683-3287	300 New Castle St	Boca Raton	33487		5-17	06/21/2021	08/06/2021	Available	7:30 AM	6:00 PM
17	Boca Raton Housing Authority	Ashley Whildby	(561) 394-2496	1350 N Dixie Hwy 1	Boca Raton	33432		5-17	06/21/2021	08/06/2021	Available	8:00 AM	5:30 PM

7) Monitoring & Compliance



Monitoring

- Pre-Op Site Monitoring for new camps/new sites
 - ❑ YSD to Schedule & Notify
- Desk Monitoring
 - ❑ To begin in May for ALL camps
- On-Site Monitoring
 - ❑ Pending results of upcoming Risk Assessment
 - ❑ All sites monitored at least every 3 years
- Final Monitoring Report



*Camps are responsible to ensure compliance with all laws and regulations pertaining to summer camps

Monitoring



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- Location
- Programming
- Safety
- Supervision



8) Parent Application



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- Schedule
- Eligibility Guidelines
 - ✓ Eligibility Criteria
 - ✓ Required documentation
 - ✓ Application Instructions
 - ✓ Income Guidelines



Parent Applications



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Parents Application: January 31st – April 15th 2022

Outreach Events	Date	Time
Youth Services Extended Office Hours	Tues & Thurs <i>*appointment only</i>	Until 7:00 pm
Belle Glade Library	March 16 th	10:00 am – 7:00 pm



Applications are First Come, First Scholarship

First Come, First Scholarship!



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[PBCYSD](https://www.instagram.com/PBCYSD)

Eligibility Criteria:

Applications must meet one of the following criteria:

- Parent Applications - Household income of 150% of the Federal Poverty Level Guideline
- Agency Applications - Specialized Populations
 - Homeless/Foster Care Involved; DJJ Involved; Bridges



Parent Application Eligibility



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Eligibility Criteria:

Camper(s) must be

- A resident of Palm Beach County
- 5 years old/ enrolled or completed Voluntary Pre-Kindergarten
- Not older than 14 years old by June 1st of the application calendar year
 - Specialized Populations (foster care, homeless, DJJ, or has a Special Needs diagnosis as approved by YSD staff), the age can be extended to 17 years old; dependent on funding



Parent Application Documentation Requirements



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Eligibility Documentation:

1. **Proof of Applicant's Identity** - Government issued photo identification for applicant within household (driver's license, resident alien card, passport, employment authorization, State of Florida picture identification, other- as approved by YSD staff).
2. **Proof of Residency** - one (1) of the following: utility bill, school record with camper's name and address, driver license, free and reduced lunch form from SDPBC, other- as approved by YSD staff.
3. **Proof of Age for Camper(s)** - one of the following: birth certificate, immunization records, school record with parent and/or demographic information, other- as approved by YSD staff.
4. **Proof of Legal Guardianship** - court documents, notarized letters, other - as approved by YSD.
5. **Proof of Special Need** - Social Security letter, Individual Education Plan (IEP) or 504 plan



Parent Application Documentation Requirements



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Eligibility Documentation:

6. **Proof of Income for Entire Household** (to determine household is at or below 150% of the Federal Poverty Guideline):
7. **Earned Income** - paystub; verification letter from employer, other- as approved by YSD staff.
8. **Unearned Income**- TANF, SSI, SSA/SSDI or other, as approved by YSD staff.
9. **Any Other Income** - unemployment, alimony, child-support, rental income, death benefits, etc.).
10. **Free/ Reduced Lunch Letter** from SDPBC, in-lieu of earned income as approved by YSD staff.



ELC recipients are not eligible to receive summer camp scholarships through this program

Application Instructions



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Full directions can be found on our website
(Eligibility Information -> Parent Application Process At A Glance):

<https://discover.pbcgov.org/youthservices/PDF/SummerCamp/Parent%20Application%20Process%20At%20A%20Glance.pdf>

Steps to complete Summer Camp Scholarship Application

- Step 1 Log in to Youth Services Department website:
www.pbcgov.com/youthservices/Pages/Summer_Camp.aspx
- Step 2 Click on Parent Application 
- Step 3 Click **Register** (on top right side of screen)
- Step 4 Choose **"Parent"**
- Step 5 Complete an **External User Registration** and save
- Step 6 Login in with your **User Name (email address)** and **Password**
- Step 7 Click 



9) Resources



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- Found on our website:
 - ELO- Prime Time
 - MH Counseling Services – YSD
 - PBC Behavioral Health Coalition
 - Drowning Coalition of PBC
 - FLIPANY



Thank you funders!



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thank you
very much



10) Questions



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To schedule a meeting email:

Arampersad@pbcgov.org and Vmessine@pbcgov.org



Contact



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Website <http://www.discover.pbcgov.com/youthservices>