



City of Delray Beach Parks & Recreation

REG-2024-00010



Check List

#	Requirements	Result
1	Summer Camp Fees are the max allowed or less (\$130.00)	Yes
2	Provider Application, all pages initialed and signed with W-9 verifying authorized signature consistent with name registered in Sunbiz	Yes
3	Provider Application, all pages initialed and signed with W-9 verifying authorized signature	Yes
4	Provider must be a non-residential facility, and may NOT be a Family Day Care facility.	Yes
5	Proof of Operational Experience- Sign in/out Attendance Sheets for two (2) consecutive years OR Health Department License or two (2) consecutive years (2022 and 2023)	Yes
6	Staff to Child Ratio , max 1:25 with an extra Aid for Fieldtrips and at least one (1) First/ Aid CPR Certified staff at all times (see Florida Statute)	Yes
7	Sunbiz Business Certification from Florida Department of State Division of Corporations (active).	Yes
8	Daily Activity Schedule	Yes
9	DCF Affidavit of Compliance (See appendix 111)	Yes
10	Field Trip Safety Guidelines	Yes
11	Health Department / Child Care License (if applicable)	Yes
12	Daily Activity Schedule (see Exhibit 2- Daily Activity Schedule on the website) http://discover.pbcgov.org/youthservices/Pages/Summer_Camp.aspx	Yes
13	Field Trip Safety Policy (see Exhibit 1- Field Trip Safety Policy on the website) http://discover.pbcgov.org/youthservices/Pages/Summer_Camp.aspx	Yes
14	2024 Summer Camp Budget including allocation for STAFF salary	Yes
15	Insurance Documents	Yes
16	First Aid/CPR certificate for at least one staff	Yes
17	Field Trip List	Yes
18	501(c)(3) (if applicable)	Yes
19	Financial Audit 990 (for the last year)	Yes
20	Summer Camp financial Budget for current camp year demonstrating how your program will be operated during the summer. This must also include your STAFF's payroll salary	Yes
21	Certificate of Insurance (COI) Including General Liability with sexual abuse/molestation, Auto and workers compensation and all REQUIRED amounts	Yes
22	IRS 990 Form or Comprehensive Financial Audit Report (CFAR) for CURRENT year.	Yes
23	Most recent audit report	Yes
24	Fire Inspection Certificate (including capacity)	Yes
25	Sunbiz Registration with active status.	Yes
26	Health Department License (for year round child care provider)	Yes

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| 27 | Staff to Child Ratio , max 1:25 with an extra Aid for Field trips and at least one (1) First/ Aid CPR Certified staff at all times, at each site location. (see DCF guidelines via Florida Statute) http://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx | Yes |
| 28 | DCF Affidavit of Compliance form completed, signed and notarized (See appendix 111) http://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx | Yes |
| 29 | Palm Beach County School District employees ONLY - provide a list of staff names and Employee ID numbers on school letterhead, signed by an approved administrator | Yes |
| 30 | First Aid/CPR certificate for at least one staff for each camp site location, with an extra aid during a field trip, per DCF guidelines. | Yes |
| 31 | Daily Activity Schedule (see "Daily Activity Schedule" on the website) https://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx | Yes |
| 32 | Field Trip Safety Policy (see "Field Trip Safety Policy" on the website) https://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx | Yes |
| 33 | Field Trip List (including dates and locations) | Yes |
| 34 | Summer Camp financial Budget for current camp year demonstrating how your program will be operated during the summer. This must also include your STAFF's payroll salary. | Yes |
| 35 | Certificate of Insurance (COI) Including General Liability with sexual abuse/molestation, Auto and workers compensation and all REQUIRED amounts. (Please see required amounts in the "Terms & Agreement" Commercial General Liability section of your application). | Yes |
| 36 | Most recent audit report, IRS 990 Form, or Comprehensive Financial Audit Report (CFAR) for CURRENT year. | Yes |
| 37 | Documentation of 501(c)(3) (if applicable) | Na |

Agency Information

Name of Agency: City of Delray Beach

Email: Moore@mydelraybeach.com

Address: 100 N.W. 1st Avenue

City: Delray Beach

State: Florida

Zip Code: 33444-7249

Phone: (561) 243-7000

Fax Numer: (561) 243-7268

Primary Contact

First Name: Tonya

Last Name: Smith

Email: smithtc@mydelraybeach.com

Phone: (561) 243-7000

Cell Phone: (561) 573-0333

Fax Number: (561) 243-7268

Mailing Information (For Reimbursement)

Address 50 Northwest 1st Avenue

City: Delray Beach

Zipcode: 33444

Camp Information

Is your summer camp a Primetime Quality Improvement System (QIS) camp? Yes

Are you interested in becoming a Quality Improvement System (QIS) camp? No

Agency Locations

Agency Name	Address	City	Zipcode
Pompey Park	1101 NW 2nd St	Delray Beach	33444

Camp Details for Pompey Park

Location Information

Agency Name: Pompey Park

Address: 1101 NW 2nd St

Address 2:

City: Delray Beach

Zipcode: 33444

Location Information

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

Our summer camp program is based on first come first serve. Our operation hours is Monday thru Friday, 7:30am - 5:30pm. Each child will receive camp shirts and a camp bag. Campers must wear their summer camp t-shirt during camp hours that is provided for them. No sandal or open toe shoe will not be allow. Once you are approved by your agency, it the parent responsibility to register their child(ren) for the summer camp program. We do not hold spots. We provide breakfast, lunch, indoor and outdoor activities, and field trips.

Staff to Child Ratio (Eg 1:25): 1:20

Number of Full-Time Summer Staff: 1

How long have you been operating as a child care or aftercare facility? 30

Licensed Childcare Provider: Yes 505101097

Is lunch provided?	Yes
Does your facility operate all year long providing child day care, and/or aftercare and/or after school programs?	Yes
Type of School?	N/A
Type of program?	City
Type of business?	Municipality
Is your camp participating in this year's Super Summer Spelling Bee Competition?	Yes
Does your camp provide transportation?	Yes

Ages and Schedules

Registration Date: 1/19/2024 - 6/7/2024

Age(s) Served: 5 - 12

Start Date: 6/10/2024 - 8/2/2024

Camp Capacity: 150

Start Time: 7:30 AM - 5:30 PM

Terms & Agreements

#	Agreements	Agree	Initials
1	Three hours must be spent each day doing Math and English	Yes	

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| 2 | Provider agrees to abide by the fee schedule contained within this application. | Yes |
| 3 | Provider agrees not to charge the County more than the advertised fees for the Provider's camp program. | Yes |
| 4 | Provider agrees NOT to accept additional payment from camper/family to cover fees. | Yes |
| 5 | Provider must submit a completed electronic Provider Application with attached files to the Youth Services Department (YSD), by 5:00 pm on January 5, 2024. Late and/or incomplete provider packets will not be processed and will not be approved as a Summer Camp Scholarship Program Provider. | Yes |
| 6 | Provider must be a ongoing year-round daily program offering child care and/or after care services throughout the School District of Palm Beach County School calendar year and may NOT be a Family Day Care facility or a program that ONLY operates during the summer months, unless applying to be a Educational Enrichment Camp (EEC), Sport, Specialty Camp or Special Needs Camp. Provider must provide the following form of documentation with this application for proof of year-round operation: If licensed camp, provide copy of licenses, for the last two years. If not, provide sign in/out records, or Florida Department of State Division of Corporations Sunbiz report for the last two years (2022-2023). | Yes |
| 7 | Provider must follow Department of Children & Families (DCF) requirements pursuant to Chapter 435 Florida Statutes: Complete DCF Affidavit of Compliance CF- FSP 5218 must be attached to the Provider Application. With this affidavit your agency certifies that all staff are required to have Level 2 background checks and DCF Affidavit of Good Moral Character are on record at your facility. Any cost incurred for screening is to be borne by the Provider. Any DCF changes made to background screening processes in 2023 will have to be implemented by the Provider according to http://www.dcf.state.fl.us/programs/backgroundscreening/clearinghouse/ | Yes |
| 8 | Camp Fee Per Child, Per Week: Allowable maximum fee per child per week is \$130.00 including registration fees, at least one (1) T-Shirt and all scheduled field trips. (If the maximum fee is above the advertised rate for provider site/program, the advertised rate applies.) | Yes |
| 9 | Provider agrees not to charge the County more than the advertised fees for the Provider's camp program. | Yes |
| 10 | Provider must be a ongoing year-round daily program offering child care and/or after care services throughout the School District of Palm Beach County School calendar year and may NOT be a Family Day Care facility or a program that ONLY operates during the summer months, unless applying to be a Specialized Camp (Educational Enrichment Camp (EEC), Sport, Specialty Camp or Special Needs Camp). Provider must provide the following form of documentation with this application for proof of year-round operation: If a licensed camp, provide copy of licenses for two consecutive years,(2022 and 2023). If not a licensed camp, provide sign in/out sheets for two consecutive years (2022 and 2023 For NEW Regular Camps only). | Yes |
| 11 | Provider agrees NOT to accept additional payment from camper/family to cover fees. | Yes |
| 12 | Provider must provide a schedule of daily activities for the duration of the 2024 Summer Camp (see Exhibit 2- Daily Activity Schedule) http://discover.pbcgov.org/youthservices/Pages/Summer_Camp.aspx | Yes |
| 13 | Provider must track daily attendance records and have available for YSD site visits throughout the summer. Provider must also maintain accurate records in order to track scholarship utilization. | Yes |
| 14 | Provider must provide a schedule of daily activities for the duration of the 2024 Summer Camp. | Yes |
| 15 | Provider must provide a list of field trips that are included in the camp fees, including Provider's field trip safety policy and procedures and valid CPR certificate for at least one staff member. | Yes |

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| 16 | Provider agrees to accept payment after summer camp services are provided. Invoices can only be submitted to YSD beginning the last operating week of camp and once at mid-summer beginning June 3, 2024. Provider agrees to e-mail the invoice to YSD . Provider agrees to submit an invoice for services rendered with all required documentation by July 5th, 2024 for Mid-Summer Cycle. | Yes |
| 17 | Provider must track daily attendance and have available for YSD site visits throughout the summer. | Yes |
| 18 | Provider must submit invoice during (mid-cycle) and after the last week of operation (end cycle) as a Summer Camp to YSD. This must be submitted through the SCSP database. Provider must attach to the invoice sign in/out Sheets for each sponsored child with parent/guardian's signature. Provider must submit mid-cycle reimbursement request at the end of SCSP 4 week cycle, (June 28, 2024). Mid-cycle reimbursement is MANDATORY and MAY result in non-payment if not received within the scheduled time frame. Mid-cycle invoices will only be accepted between June 28th to July 5th, 2024. Provider MUST submit end-cycle reimbursement request within two weeks after the last day of summer camp, WITHOUT EXCEPTION. Failure to submit within the stated time frame releases Palm Beach County and the camper/family from all responsibility for payment of said services. | Yes |
| 19 | Provider must make available to each parent/guardian a copy of all standards from any regulatory or licensing agency. | Yes |
| 20 | Provider must submit a completed electronic Provider Application with attached files to the Youth Services Department (YSD), by 11:59 PM on January 6, 2023. Late and/or incomplete provider packets will not be processed and will not be approved as a Summer Camp Scholarship Program Provider. | Yes |
| 21 | Provider must maintain accurate records in order to track scholarships utilized. | Yes |
| 22 | Provider agrees to accept payment after summer camp services are provided. Invoices can only be submitted to YSD beginning the last operating week of camp and once at mid-summer beginning June 3rd, 2024. Provider agrees to submit an invoice for services rendered with all required documentation by 11:59 pm on July 5th, 2024 for Mid-Summer Cycle. | Yes |
| 23 | Provider must provide an invoice during (mid-cycle) and after the last week of operation (end cycle) as a Summer Camp to YSD by e-mail in a PDF file. The invoice must be on the camp's letterhead and include: Invoice number and invoice date, to and from date, each child's name (in alphabetical order by first, last or last, first), scholarship number, number of weeks attended, weekly rate and total dollar amount per child, total number of weeks, number of scholarships invoiced and camp director's signature. Invoices that do not include this information will be returned to be corrected before they will be processed. Provider must attach to the invoice sign in/out records for each sponsored child with parent/guardian's signature and in said order as sign-in/sign-out records. Providers MUST submit an invoice requesting mid-cycle payment for the first 4 weeks of camp after services are rendered. (July 5, 2024). Provider agrees to submit invoice for mid-cycle payment and all required documentation by July 5th, 2024. Invoices received after the deadline will not be processed and the provider will not be paid for children attending camp. Mid-cycle invoices will only be accepted between June 28 to July 5th, 2024. Final Invoice must be submitted within two weeks after the last day of summer camp, NO EXCEPTIONS. Failure to submit within the stated time frame releases Palm Beach County and the camper/family from all responsibility for payment of said services. | Yes |
| 24 | Provider must submit invoice during (mid-cycle) and after the last week of operation (end-cycle) as a Summer Camp to YSD. This must be submitted through the SCSP database. Provider must attach to the invoice sign in/out Sheets for each sponsored child with parent/guardian's signature. Provider must submit mid-cycle reimbursement request at the end of SCSP 4 week cycle, (June 26, 2020). Mid-cycle reimbursement is MANDATORY and MAY result in non-payment if not received within the scheduled time frame. Mid-cycle invoices will only be accepted between June 28, 2024 to July 5, 2024. Provider MUST submit end-cycle reimbursement request within (2) two weeks after the last day of summer camp, WITHOUT EXCEPTION. Failure to submit within the stated time frame RELEASES Palm Beach County and the camper/family from all responsibility for payment of said services. | Yes |

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| 25 | Certificate(s) of Insurance: Provider agrees to provide COUNTY Certificate(s) of Insurance evidencing that all coverages, limits and endorsements required herein are maintained and in full force and effect. In addition, Provider agrees to notify COUNTY of any cancellation, non-renewal or material change taking place during the life of this application or the summer camp program. The Certificate Holder address shall read: PALM BEACH COUNTY c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801. | Yes |
| 26 | Provider must provide a copy of their most recent financial audit or 990 with their Provider Application. | Yes |
| 27 | Provider must follow Department of Children & Families (DCF) requirements pursuant to Chapter 435 Florida Statutes: Complete DCF Affidavit of Compliance CF- FSP 5218 must be attached to the Provider Application. With this affidavit your agency certifies that all staff are required to have Level 2 background checks and DCF Affidavit of Good Moral Character are on record at your facility. Any cost incurred for screening is to be borne by the Provider. Any DCF changes made to background screening processes in current year will have to be implemented by the Provider according to http://www.dcf.state.fl.us/programs/backgroundscreening/clearinghouse/ | Yes |
| 28 | Commercial General Liability- Provider agrees to maintain on a primary basis and at it's sole expense, Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement(s) excluding nor limiting Premises/Operations, Personal Injury, Product/Completed Operations, Contractual Liability, Severability of Interests or Cross Liability. Coverage must include Participant Accident Insurance. Coverage shall be provided on a primary basis and shall include Sexual Abuse/Molestation Coverage at a sublimit of not less than \$250,000. | Yes |
| 29 | Certificate(s) of Insurance: Provider agrees to provide COUNTY Certificate(s) of Insurance evidencing that all coverages, limits and endorsements required herein are maintained and in full force and effect. In addition, Provider agrees to notify COUNTY of any cancellation, non-renewal or material change taking place during the life of this application or the summer camp program. The Certificate Holder address shall read: PALM BEACH COUNTY c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801. | Yes |
| 30 | Provider must be non-residential program in Palm Beach County and may NOT be a Family Day Care Facility. | Yes |
| 31 | Provider must have at least two (2) years of operational experience as a child care facility, and/or aftercare program. | Yes |
| 32 | Provider must be a ongoing year-round daily program offering child care and/or after care services throughout the School District of Palm Beach County School calendar year and may NOT be a Family Day Care facility or a program that ONLY operates during the summer months, unless applying to be a Specialized Camp (Educational Enrichment Camp (EEC), Sport, Specialty Camp or Special Needs Camp). Provider must provide the following form of documentation with this application for proof of year-round operation: If a licensed camp, provide copy of licenses for two consecutive years (2021 and 2022). If not a licensed camp, provide sign-in/out sheets for two consecutive years (2021 and 2022). For NEW Regular Camps only). | Yes |
| 33 | If a Childcare Facility, Agency must provide a current and valid copy of Child Care License and a copy of the most recent monitoring from the licensing agency. If the license is suspended or terminated, provider must immediately notify YSD. | Yes |
| 34 | Provider agrees to maintain a minimum staff ratio of 1 to 25 on-site; an extra aid is required during field trips. One staff member trained in First-Aid/CPR must be on the premises and during field trips at all times, per DCF guidelines. | Yes |
| 35 | Providers who operate under a Child Care license agrees to operate within those guidelines during the summer months. | Yes |

36	Provider agrees to track attendance and use daily sign in/out records. Sign in/out records must remain on-site at the camp's location and shall be immediately available for inspection by YSD authorized staff. Sign in/out records are used to verify attendance and for payment purposes. In the event that the Provider is unable to produce sign in/out record on site, payment will not be made for any days for which a completed sign in/out record is not available.	Yes
37	Provider must provide a schedule of daily activities for the duration of the 2024 Summer Camp (see "Daily Activity Schedule on the website - https://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx).	Yes
38	Provider must provide a schedule of daily activities for the duration of the 2023 Summer Camp (see "Daily Activity Schedule on the website - https://discover.pbcgov.org/youthservices/Pages/Provider-Application.aspx).	Yes
39	Provider agrees to submit in writing any changes to the camp daily schedule within forty eight (48) hours prior to the event/change occurring; notification must be by e-mail. Changes resulting from cancellations outside of the camp's control are to be e-mailed.	Yes
40	Provider must provide a list of field trips that are included in the camp fees, including Provider's field trip safety policy and procedures and valid CPR certificate for at least one staff member at each camp site location.	Yes
41	Provider agrees to maintain a minimum staff ratio of 1 to 25 on-site; an extra aid is required during field trips. One staff member trained in First-Aid/CPR must be on the premises of each camp site location and during field trips at all times, per DCF guidelines.	Yes
42	Provider must track daily attendance records and have available for YSD site visits throughout the summer. In the event that the Provider is unable to produce a sign-in/out record, payment will not be made for any days for which a completed sign-in/out record is unavailable.	Yes
43	Provider must make available to each parent/guardian a copy of all standards from any regulatory or licensing agency. Include statement in agency application the risk of losing scholarship if child(ren) is approved and does not attend camp. Parents will have diligent efforts to maintain engagement and maintain attendance.	Yes
44	Provider must submit invoice during (mid-cycle) and after the last week of operation (end-cycle) as a Summer Camp to YSD. This must be submitted through the SCSP database. Provider must attach to the invoice sign-in/out Sheets for each sponsored child with parent/guardian's signature.	Yes
45	Provider agrees to accept payment after summer camp services are provided. Provider must submit mid-cycle reimbursement request at the end of SCSP four-week cycle, (July 5th, 2024). Mid-cycle reimbursement is MANDATORY and MAY result in non-payment if not received within the scheduled time frame. Provider agrees to submit an invoice for services rendered with all required documentation by 11:59 PM July 5th, 2024 for Mid-Cycle. Failure to submit within the stated time frame RELEASES Palm Beach County and the camper/family from all responsibility for payment of said services.	Yes
46	Provider agrees to accept payment after summer camp services are provided. Provider must submit mid-cycle reimbursement request at the end of SCSP four-week cycle, (June 23, 2023). Mid-cycle reimbursement is MANDATORY and MAY result in non-payment if not received within the scheduled time frame. Provider agrees to submit an invoice for services rendered with all required documentation by 11:59 PM July 7, 2023 for Mid-Cycle. Failure to submit within the stated time frame RELEASES Palm Beach County and the camper/family from all responsibility for payment of said services.	Yes
47	Summer Camp Providers are not permitted to change camp location's address after this application is signed. Changing the address of your camp's location voids this application.	Yes
48	Payments are made directly to the approved participating Summer Camp Provider in their registered business name at the address provided on the application. Payments will be mailed directly to the mailing address provided on the application.	Yes

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| 49 | Payments are made directly to the approved participating Summer Camp Provider in their registered business name at the address provided on the application. Payments will be available for pick-up at: PALM BEACH COUNTY Youth Services Department 50 South Military Trail, Suite 203 West Palm Beach, FL 33415. | Yes |
| 50 | Provider agrees to accept payment after summer camp services are provided. Provider MUST submit end-cycle reimbursement request within (2) two weeks after the last day of summer camp, WITHOUT EXCEPTION. Failure to submit within the stated time frame RELEASES Palm Beach County and the camper/family from all responsibility for payment of said services. | Yes |
| 51 | Fiscal Agent will process payment and issue reimbursement check(s) to Provider within 30 business days of approval by YSD staff in the database. Direct Deposit will be available. | Yes |
| 52 | Payments are made directly to the approved participating Summer Camp Provider in their registered business name at the address provided on the application. Payments will be directly deposited into providers bank account. | Yes |
| 53 | Provider agrees to return any over payment due to unearned funds or funds disallowed pursuant to the terms of this application. The Provider shall return any over payment to YSD within ten (10) business days after either discovery or notification of the over payment. | Yes |
| 54 | Summer Camp Providers are not permitted to accept funds for the same children from Early Learning Coalition (ELC), Children Services Council (CSC), or any other agency that provides subsidized scholarship child care services, or any other source. | Yes |
| 55 | Provider must provide a copy of their IRS 990 Form or Comprehensive Financial Audit Report (CFAR) for current year. | Yes |
| 56 | Provider must adhere to all regulatory statutes. | Yes |
| 57 | Certificate(s) of Insurance: Provider agrees to provide COUNTY Certificate(s) of Insurance evidencing that all coverages, limits and endorsements required herein are maintained and in full force and effect. In addition, Provider agrees to notify COUNTY of any cancellation, non-renewal or material change taking place during the life of this application or the summer camp program. The Certificate Holder address shall read: C/O Youth Services Department 50 S. Military Trail, Suite #203 West Palm Beach, FL 33415 | Yes |
| 58 | INSURANCE BY [MUNICIPALITY/AGENCY]: Without waiving the right to sovereign immunity as provided by s.768.28 f.s., Provider acknowledges to be self-insured for General Liability (Including Participant Accident Insurance) and Automobile Liability under Florida sovereign immunity statutes with coverage limits of \$200,000 Per Person and \$300,000 Per Occurrence; or such monetary waiver limits that may change and be set forth by the legislature. In the event, Provider maintains third-party Commercial General Liability (Including Participant Accident Insurance) and Business Auto Liability Insurance in lieu of exclusive reliance of self-insurance under s.768.28 f.s., Provider shall agree to maintain said insurance policies at limits not less than \$500,000 combined single limit for bodily injury or property damage. Provider agrees to maintain or to be self-insured for Worker's Compensation & Employer's Liability insurance pursuant with Florida Statute Chapter 440. When requested, Provider shall agree to provide an affidavit or Certificate of Insurance evidencing insurance, self-insurance and/or sovereign immunity status, which Palm Beach County Outreach and Community Programming Division Summer Camp Scholarship Program, COUNTY, agrees to recognize as acceptable for the above mentioned coverage. Compliance with the foregoing requirements shall not relieve Provider of its liability and obligations under this Application. | Yes |

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| 59 | Commercial General Liability - Provider agrees to maintain on a primary basis and at it's sole expense, Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement(s) excluding nor limiting Premises/Operations, Personal Injury, Product/Completed Operations, Contractual Liability, Severability of Interests or Cross Liability. Coverage shall be provided on a primary basis and must include Participant Accident Insurance. Coverage shall be provided on a primary basis and shall include Sexual Abuse/Molestation Coverage at a sublimit of not less than \$250,000. | Yes |
| 60 | Business Automobile Liability: Provider agrees to maintain on a primary basis and at its sole expense. Business Automobile Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event provider does not own automobiles, provider agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy. | Yes |
| 61 | Worker's Compensation Insurance & Employers' Liability: Provider agrees to maintain on a primary basis and at its sole expense. Worker's Compensation Insurance & Employers Liability as required pursuant with Florida Statute Chapter 440. | Yes |
| 62 | Right to Review: COUNTY reserves the right, but not the obligation, to review and revise any insurance requirement, not limited to limits, coverage and endorsements based on insurance market conditions affecting the availability or affordability of coverage; or changes in the scope of work specifications affecting the applicability of coverage. Additionally, the COUNTY reserves the right, but not the obligation, to review and reject any insurance policies failing to meet the criteria stated herein or any insurer providing coverage due to its poor financial condition or failure to operate legally. | Yes |
| 63 | Umbrella or Excess Liability: Provider may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest Each Occurrence limit for the Commercial General Liability and Business Auto Liability. Provider agrees to endorse COUNTY as an Additional Insured on the Umbrella or Excess Liability, unless the Certificate of Insurance states the Umbrella or Excess Liability provides coverage on a pure/true Follow-Form basis. | Yes |
| 64 | Waiver of Subrogation: Provider agrees, by submitting this application, to a Waiver of Subrogation for each required policy herein. When required by the insurer, or should a policy condition not permit provider to enter into a pre-loss application to waive subrogation without an endorsement, then Provider agrees to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition specifically prohibiting such an endorsement, or voids coverage should Provider enter into such an application on a pre-loss basis. | Yes |
| 65 | Additional Insured - Provider agrees to endorse COUNTY as an Additional Insured with a CG2026 Additional Insured or it's equivalent. Designated Person or Organization endorsement to the Commercial General Liability. The additional insured language shall read: Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents. Coverage shall be provided on a primary basis. | Yes |
| 66 | Provider agrees to maintain, on a primary basis and at its sole expense, at all times during the life of this application the following insurance coverage, limits, including endorsements described herein. The requirements contained herein, as well as COUNTY review or accept insurance maintained by provider is not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by provider under this contract. In addition, provider agrees to notify COUNTY of any cancellation, non-renewal or material change taking place during the life of this application, and the summer camp program. | Yes |

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| 67 | Provider agrees to accept a Summer Camp Scholarship funded child only after receiving a scholarship number from YSD. A listing of all children approved to receive a scholarship will be e-mailed to the Provider. The listing includes children names, parent/guardian names, contact phone number and unique scholarship number. The listing serves as the verification of campers approved to attend the Provider's camp site. Only children registered with a scholarship number can be included in the invoice submitted to YSD. | Yes |
| 68 | Provider agrees that any scholarship funds provided by the County to Provider for the Summer Camp Scholarship Program must be utilized solely for the purposes of administering the program as approved by the County, and shall not be used for any other purposes. Provider shall provide County with documentation which demonstrates the expenditures that the Provider seeks payment for from the County, and County will either approve or not approve payment(s) based on the documentation so provided. | Yes |
| 69 | Owners/Providers, Officers or Board Members agree NOT to accept scholarships for their own children, grandchildren, or stepchildren. Employees of Provider's camp are eligible to receive summer camp for their children provided the family meets the eligibility criteria and is awarded a scholarship number after submission of application to YSD . | Yes |
| 70 | Provider agrees to provide YSD staff access to documents and facility that is relevant to the summer camp services addressed in this Provider Application. Provider also agrees to allow YSD staff to interview employees to ensure the satisfactory performance of the terms and conditions of this Application. | Yes |
| 71 | Provider agrees to alert YSD by e-mail if an approved child is absent for five (5) or more consecutive days. YSD will substitute another child from the wait list, if applicable. Failure to report absence of five (5) or more consecutive days will result in non-payment of that child for all the days they were absent. | Yes |
| 72 | The YSD Summer Camp Scholarship Program does not pay for before care, after care or transportation services. If the parents/guardian elect to sign up for before or after care services, the parent/guardian is personally and financially responsible to the summer camp facility for payment. The scholarship will pay for the camp hours of operation listed on the Provider application of this packet. | Yes |
| 73 | Summer Camp Providers are NOT permitted to change camp location's address after this application is signed. Changing the address of your camp's location voids this application. | Yes |

- 74 Provider agrees to and accepts the following: Yes
- (1) In case of complaints, YSD's Program Coordinator will be responsible for assessing the nature of the complaint and determining the appropriate action. Depending upon the nature of the complaint, Department Staff may contact other appropriate agencies to include, but not be limited to:
- Local Law Enforcement b) Department of Children and Families
 - Palm Beach County Health Department
 - Any other agencies deemed appropriate.
- (2) Action taken may include, but not limited to, the following: Corrective Action recommendation(s) to be completed within five (5) business days or less upon receiving notification. Failure to correct the recommended deficiencies may result in the following:
- Children will be removed from the site.
 - The Provider will be ineligible to receive Summer Camp Scholarship for the remainder of the summer.
 - Non-payment for services rendered.
 - Termination as a Summer Camp Provider. If directed to terminate services, Summer Camp Provider will only receive payment for days utilized by approved children.
- (3) This service application maybe terminated without prior notice by YSD:
- If the provider fraudulently reports information to the YSD regarding the attendance of children at the summer camp. This includes but is not limited to deliberately claiming children for reimbursement who are not attending and falsifying sign in/out records.
 - If any child care license that is required for the Provider to provide childcare is suspended, revoked or not renewed by the licensing authority.
 - If it is determined, there are concerns for the health and/or safety of the children in the Provider's care.
 - If the Provider submits fraudulent documentation in effort to gain eligibility for the Summer Camp Scholarship Program, that Provider will be ineligible to receive scholarships for the Summer Camp Scholarship Program for a minimum of one year and a maximum of five years depending on the nature of the information provided and successful competition of remediation.
- NOTE: Failure to comply with the guidelines may result in removal from the directory of Summer Camp Providers for one (1) year. After one year, the Provider must document compliance with the terms of this application before approval to be added to the Directory of Summer Camp Providers.

Responsibilities

1. Notify the provider via e-mail when they have been approved to operate as Summer Camp Scholarship Provider.
2. Notify the provider of children's approval based on parent's choice of summer camp and provide a unique scholarship number per child. Notification will be provided via e-mail.
3. Process payment to the provider for summer camp services. Youth Services Program Coordinator will accept invoices only for services rendered.
4. Review all invoices and documentation required.
5. Conduct inspection of all new camp sites prior to approval and random monitoring of approved Provider to ensure compliance with this service application.

Attachments

#	Type	File Name	Initials
1	Sunbiz registration Sunbiz registration with current active status from Florida Department of State Division of Corporations	<u>SunbizBusinessCertification.pdf</u>	

- 2 W-9 for Agency [W-9.pdf](#)
The W-9 attached is valid and accurate with the Authorized Signature consistent with name registered in Sunbiz
- 3 Proof of Operational Experience [OperationalExperience.pdf](#)
Sign-in/out sheets to reflect operation as a summer camp for two (2) consecutive years or Child Care License reflecting operation for two (2) consecutive years (2022 and 2023). (For NEW Regular Camps only)
- 4 First/Aid CPR Certificate [FirstAidCPRCertificate.pdf](#)
Valid CPR certificate for at least (1) employee per site to maintain safety on-site and meet field trip needs. An extra aid is needed during a field trip, per DCF guidelines.
- 5 Field Trip List [FieldTripList.pdf](#)
The field trip list attached is for the entire current summer.
- 6 Field Trip Safety Policy [FieldTripSafety.pdf](#)
The field trip safety policy attached provide an accurate description of the safety guidelines my staff and children who attend my camp are expected to follow when they go on a field trip. (see "Field Trip Safety Policy" on the website)
- 7 Daily Activity Schedule should be similar to Exhibit 2, (see [DailyActivitiesSchedule .pdf](#) Exhibit 2- Daily Activity Schedule on the website).
The daily activity schedule attached provides an accurate description of "a day in the life" of my camp and shows activities beginning when the child arrives to camp and when the child leaves.
- 8 Summer Camp Budget [SummerCampBudget.pdf](#)
Current Summer Camp budget attached provides support for my fee schedule (what is charged per week and all other summer camp expenses). Budget includes allocation for STAFF salary. [SummerCampBudget.pdf](#)
- 9 Summer Camp Budget [SummerCampBudget.pdf](#)
Summer Camp financial budget for current camp year demonstrating how your program will be operated during the summer. This must also include your STAFF's payroll salary.
- 10 DCF Affidavit of Compliance [DCFAffidavit.pdf](#)
DCF Affidavit of Compliance attached is completed, signed and notarized. DCF completed form includes the names of all of my summer staff, including the Director and any employees who will come into contact with children this summer. All names listed include at least the last 4 numbers of the individual's social security number, date hired, date screening submitted, the status of the screening (cleared), and a 5 year re-screening date.
- 11 PBC School District Employee ONLY [PBCSchoolDistrict .pdf](#)
Attached on school letterhead and signed by an approved administrator, is a list of PBC School District employees and Employee ID numbers. All names listed will serve as 2024 summer camp staff.
- 12 PBC School District employees ONLY [PBCSchoolDistrict.pdf](#)
Attached on school letterhead and signed by an approved administrator, is a list of PBC School District employees and Employee ID numbers. All names listed will serve as 2024 summer camp staff.

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| 13 | Fire Inspection Certificate
Fire Inspection Certificate. | FireInspectionCertif.pdf |
| 14 | Financial Audit/ IRS 990 form
Attached is the MOST recent financial audit report. | Financial Audit.pdf |
| 15 | IRS 990 FORM
IRS 990 Form or Comprehensive Financial Audit Report (CFAR) for current year. | IRS 990 FORM .pdf |
| 16 | Insurances
The certificate(s) of insurance attached demonstrate the required coverage by Palm Beach County. This includes General Liability with Sexual Abuse/Molestation, Automobile, Workers Compensation and all REQUIRED amounts. (Please see required amounts in the "Terms & Agreement" Commercial General Liability section of your application). | Insurances.pdf
Insurances.pdf |
| 17 | Documentation of 501(c)(3) Exemption Certificate (IF APPLICABLE)
Documentation of 501(c)(3) Exemption Certificate attached reflects the name of my agency. If not applicable, attach letter on letterhead stating not applicable. | 501(c)(3).pdf |
| 18 | Health Department License (for year-round child care provider)
The Health Department License attached is current and list the name and location(s) of my agency. If not applicable, attach letter on letterhead stating not applicable. | ChildCareLicense.pdf |
| 19 | Financial Audit/IRS 990 Form
Attached is the MOST recent IRS 990 Form, financial audit report, or Comprehensive Financial Audit Report (CFAR). | FinancialAudit.pdf |
| 20 | Camp Site Inspection/ Monitoring
Attached is any missing documentation/information regarding inspection and monitoring of camp sites. | campsitemonitoring.pdf |

SUMMER CAMP SCHOLARSHIP DISCLAIMER: YSD provides summer camp scholarship only and is in no way affiliated with or responsible for the camp programs. By making application, parent/guardian waives any right to make a claim against Palm Beach County arising from any action or inaction by the camp or its personel and release Palm Beach County from any liability.

YSD also makes no guarantee that a Summer Camp applicant eligible or not will be selected for a summer camp scholarship.

In consideration for the payment and other due and valuable consideration, the Provider accepts all rules and regulations as set forth by the Summer Camp Scholarship Program, Youth Services Department, Palm Beach County, Florida and accepts and agrees to abide by the requirements as stated herein, pursuant to PPM #: YSD-OCP-01. This application is effective as of (today's date) and will automatically terminate one year from today's date unless terminated earlier as provided herein.

Signatue on this Application:

Full Name:

Submitted Date: