

**CITY OF SANIBEL
RESOLUTION 22-012**

**A RESOLUTION AMENDING AND SUPERSEDING RESOLUTION 20-065,
RELATING TO THE SANIBEL RECREATION FINANCIAL COMMITTEE;
AND PROVIDING AN EFFECTIVE DATE.**

WHEREAS, the City Council has established a financial assistance program for the Recreation Department’s after-school program (which includes holiday programs and fun days programs), summer camp program, basketball league, babysitter in training camp, volleyball camp, counselor in training program and similar recreation programs conducted during and after the school year; and

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

WHEREAS, it has been proposed and recommended to the City Council that the Zuni Camp Out program be removed as a reference within the enabling legislation for the Committee since the program is no longer offered; and

WHEREAS, it has also been proposed and recommended to the City Council to revise the quorum requirement for the Committee and continue use of the “sliding fee” schedule first adopted during the COVID-19-related state of local emergency, to provide additional flexibility for the Committee to fulfill its purpose; and

WHEREAS, the City Council finds it appropriate to make certain revisions to the governing resolution of the Committee;

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Florida, that City of Sanibel Resolution No. 20-065, 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), Basketball League, Babysitter Training Camp, Volleyball Camp, ~~Zuni Camp Out~~ and Counselor in Training Program 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 up to seven (7) citizens appointed by the Sanibel City Council. ~~Four (4)~~ A simple majority of the members of the Recreation Financial Assistance Committee shall constitute a quorum for purposes of conducting Committee business.

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

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

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

SECTION 3. An individual or family seeking financial assistance for the recreation programs must complete a Recreation Financial Assistance Application Form, a copy of which is attached hereto and incorporated herein as Exhibit "A", which shall be developed and issued by the Recreation Financial Assistance Committee. Such application shall, at a minimum, require proof of eligibility for the free or reduced school lunch program, and require a copy of the most recent tax return, excluding the social security number(s) of the individuals listed on the tax return for security purposes, W2, a recent pay stub, proof of filing for child support (if applicable) and a valid Florida Driver's License/Florida ID Card or Florida Voter's Registration Card.

SECTION 4. Approval of financial assistance for all of the programs and activities set forth in Section 1 of this Resolution will be based on the "sliding fee" schedule attached hereto and incorporated herein as Exhibit "B", ~~from the date of the effective date of this Resolution through the expiration of the current State of Local Emergency, as may be extended, and upon expiration of such State of Local Emergency, shall automatically revert back to the rates in City Council Resolution 19-016, attached hereto and incorporated herein as Exhibit "C".~~

SECTION 5. This Resolution shall amend and supersede Resolutions 10-076, 12-004, 12-040, 16-079, ~~and~~ 19-016, and 20-065, as amended.

SECTION 6. Effective date.

This resolution shall take effect immediately upon adoption, with the “Sliding Fee” Schedule attached hereto as Exhibit “B” being effective retroactively to August 18, 2020.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida, this 5th day of April, 2022.

AUTHENTICATION:

_____, Mayor

Scotty Lynn Kelly, City Clerk

APPROVED AS TO FORM: _____
John D. Agnew, City Attorney Date

Vote of Council Members:

Crater _____
Henshaw _____
Johnson _____
Miller _____
Smith _____

Date filed with City Clerk: _____

Exhibit A

Frequently Asked Questions by Financial Assistance Applicants

1. Is my income too high?

Answer: Financial awards are made on a sliding fee scale (see below). Extenuating circumstances are considered.

2. Do I receive more financial assistance because I have more than one child?

Answer: Financial assistance awards are based on income.

3. Will all my information be kept confidential? I don't want others knowing that I am receiving financial assistance.

Answer: The financial assistance application is submitted to the recreation department staff. Your information is photocopied and identifying information (your name, address, social security number, children's names, etc.) is removed.

4. What programs are eligible for financial assistance?

Answer: After school, summer day camp, fun days, winter camp, spring break camp, counselor in training (C.I.T.) program, babysitter training camp, youth basketball league, and volleyball camp.

5. If approved, are all fees due at once or can I pay over the time of the program?

Answer: Recreation staff will coordinate with you on a payment plan.

6. If I'm approved for a program and then don't use it, do I still need to pay for it?

Answer: If you sign up for 3 weeks of summer camp and only use 1 Y2 weeks, you will have to pay for two weeks. We do not break up a week. Similarly, in the after school program, if you receive assistance for a school year and only come for 1 week, you have to pay for the trimester for the week used.

7. Who makes the approval decision?

Answer: The Financial Assistance Committee appointed by Sanibel City Council makes the final decision on award amounts.

City of Sanibel Financial Assistance Sliding Fee Scale				
Annual Household Income Range				
\$0 - \$40,000	\$40,001 - \$50,000	\$50,001 - \$60,000	\$60,001 - \$70,000	\$70,001 - \$80,000
85%	80%	75%	70%	65%



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 received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application, if self employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 30 days of application or the request for assistance will be denied

**The Financial Assistance Committee may require additional information in order to process application.*

***APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 30 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

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

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

1) _____ 2) _____ 3) _____ 4) _____

Are you a client of F.I.S.H? Yes No Do you receive TANF Benefits? Yes No
 Do you reside in CHR? Yes No Do you receive SNAP Benefits? Yes No
 Do you own or rent your residence? Own Rent

		Annual Amount
Is there a court order for child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court ordered amount: \$ _____
Do you pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Support Amount :\$ _____ \$ _____
Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Support Amount: \$ _____ \$ _____
Is there a court order for shared child care expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court ordered amount/percent: _____ \$ _____
Do you receive the court ordered amount /percentage for shared child care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you pay the court ordered amount/percentage for shared child care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU RECEIVE:		
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Foster Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Wokers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Unemployment Compenstation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Assistance with housing payments, groceries, utilities, automobile/gas,room/board,etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
Any other financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: _____ \$ _____
From whom? _____		
		SUBTOTAL \$ _____
Federal Income Tax Return Total Income:		\$ _____
Federal Income Tax Withheld:		\$ _____
Federal Income Tax Refund:		\$ _____
Total Household Annual Income:		\$ _____

Check Program(s) for which Financial Assistance is Requested:

- After School/ Middle School Program: #Children_____ Amount \$_____
- Winter Camp: # of weeks_____ #Children_____ Amount \$_____
- Spring Break Camp: #Children_____ Amount \$_____
- Fun Days Program: # of days_____ #Children_____ Amount \$_____
- Summer Program: # of weeks_____ #Children_____ Amount \$_____
- Babysitter Training Camp: #Children_____ Amount \$_____
- Basketball League: #Children_____ Amount \$_____
- Volleyball Camp: #Children_____ Amount \$_____
- Counselor In Training (C.I.T) #Children _____ Amount \$_____

PROGRAM TOTAL \$_____

Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

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 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 Public

Personally Known _____ Produced Identification _____ Type: _____

(You may have 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 MacKenzie 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

City of Sanibel Financial Assistance Sliding Fee Scale

Annual Household Income Range

\$0 - \$40,000	\$40,001 - \$50,000	\$50,001 - \$60,000	\$60,001 - \$70,000	\$70,001 - \$80,000
85%	80%	75%	70%	65%

EXHIBIT B