

**SECOND RENEWAL TO AGREEMENT NO. 13382 FOR CTAC  
BETWEEN THE CHILDREN’S TRUST OF ALACHUA COUNTY AND  
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**

THIS **SECOND RENEWAL TO AGREEMENT**, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_, between the Children’s Trust of Alachua County, an independent taxing district in Alachua County, hereinafter referred to as the “CTAC,” and "**ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**”, a political subdivision of the State of Florida, corporation organized under the laws of the State of Florida, hereinafter called the “County” Collectively hereinafter CTAC and the Agency are referred to as the “Parties”.

**WITNESSETH:**

**WHEREAS**, pursuant to Request for Funding Proposals 2022-03 the Parties hereto previously entered into the *Agreement No. 13382 for CTAC between the Children’s Trust of Alachua County and Alachua County Board of County Commissioners*, dated June 6, 2022 (the “Agreement”) for the provision of the CTAC providing funds to the Agency for their program; Camp Cuscowilla Day Camp; and,

**WHEREAS**, pursuant to the Agreement, the Agency has requested to extend the term of the Agreement through August 31, 2024; and

**WHEREAS**, the CTAC deems it in the best interest of the Parties to extend the term of the Agreement as requested by the Agency,

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree to amend the Agreement as follows:

**SECTION 1.** of the Agreement, **Term**, is amended in its entirety to read:

A. This agreement shall commence on April 1, 2024, and continue through and including August 31, 2024, unless earlier terminated, as provided herein. CTAC performance and obligation to pay under this agreement is contingent upon a specific annual appropriation by the Children's Trust of Alachua County. The parties hereto understand that this Agreement is not a commitment of future appropriations.

**SECTION 2.** Scope of services is amended to include updated scope of services referenced as **Attachment A**.

**SECTION 3.** of the Agreement, **Maximum Indebtedness**, is here by amended in its entirety to read:

A. The maximum indebtedness under this agreement is (FORTY-FIVE THOUSAND, FOUR HUNDRED, EIGHTY DOLLARS (\$45,480) for (2024) contract year.

**SECTION 4.** of the Agreement, **Billing and Compensation**, is here by amended in its entirety to read:

A. For the performance of the services detailed in Section 2 of this Agreement of the CTAC shall pay the Agency an amount not to exceed (\$45,480) as specified in the Program Budget in **Attachment B**.

B. The Contractor may invoice the CTAC for an advance payment up to 25% of the total awarded. The Contractor will not receive any additional payments until the advance has been trued up with actual services delivered. Subsequent payments will be made monthly. The request for an advance payment up to 25% will be granted once all first deliverables in **Attachment D** has been approved by CTAC.

C. Submission of the Contractor's invoice for final payment shall further constitute the Contractor's representation to the CTAC that, upon receipt by the Contractor of the amount invoiced, all obligations of the Contractor to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another contractor, and that the services provided served a public purpose. The Contractor shall submit invoices via SAMIS.

D. In the event that the CTAC becomes credibly informed that any representations of relating to payment are wholly or partially inaccurate, the CTAC may withhold payment of sums then or in the future otherwise due to the Contractor until the inaccuracy, and the cause thereof, is corrected to the CTAC's reasonable satisfaction.

E. Payments for all sums are contingent upon meeting the deliverables described in **Attachment D: Deliverables** and the approval of all supporting documentation required by the CTAC. All invoices shall contain the following statement "This request for payment is subject to Section 837.06 Florida Statutes." Invoices for payment shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

F. The Contractor shall submit invoices by the 15th of every month and its final invoice for the grant period by September 15th of each year. The CTAC has no obligation to provide reimbursement to the Contractor for invoices which include expenses incurred in any previous grant period if submitted after September 15, 2024.

Contractor will receive a 3% payment reduction for every invoice that is submitted three or more months after the due date. For example, if your invoice is \$5,000.00 and is 3 months late, then the reduction will equal  $\$5,000 \times 3\% = \$150.00$ . Exceptions will be granted for instances where the CTAC has contributed to the delay.

G. Notwithstanding anything herein to the contrary, the parties agree that the contract award may be reduced in the event that the Trust determines that the Contractor will not spend the entire amount allocated by the September 30th fiscal year end. This determination may be made based upon the Trust's review of Contractor's program and its expenditure history. Before any such reduction becomes final, the

Contractor will be notified in writing of the proposed action and shall have the opportunity to address the reduction with the Executive Director, if the Contractor disagrees and can demonstrate how the funds will be appropriately expended by year end.

- H. Invoice payments shall be sent to:  
Alachua County Board of County Commissioners  
12 SE 1st Street  
Gainesville, FL 32601

**A new section has been added to the contract. It read as follows.**

**SECTION 6. Civility:**

A. The Children’s Trust of Alachua County recognizes the importance of civility and cooperation and expects all recipients of funding to exercise the highest degree of customer service for the individuals they serve. All who benefit from CTAC funding should be treated (and treat others) with respect and civility. Behaviors such as bullying, threatening, or disparagement (criticism of, or unkind remarks about someone or something that show you do not respect them) may be considered a breach of this agreement.

B. Individuals who believe they may have been treated in an uncivil manner should bring their concern to the CTAC Executive Director. Within 10 days of notification, the CTAC Executive Director shall review the incident and make a determination. Determinations may include a mediation between the two parties, a formal warning to the offending individual(s), or a breach of contract resulting in the end of the agreement.

**SECTION 11. Language Line:**

A. The Contractor will be required to use the CTAC funded Language Line services as described in **Attachment H: Language Line**. Contractors are expected to attend the Language Line training and submit proof of participation prior to using the service.

**Attachments:** The following attachments are updated and shall replace attachments of the same name.

- Attachment A- Scope of Services
- Attachment B – Program Budget
- Attachment C – Insurance Requirement
- Attachment D – Deliverables
- Attachment E – Performance Measures
- Attachment F - Data Reporting
- Attachment H- Language Line
- Attachment I- Provider Handbook

SAVE and EXCEPT as expressly amended herein, all other terms and provisions of the original Agreement between the parties shall be and remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this **Second** Renewal to Agreement to be executed for the uses and purposes therein expressed on the day and year first above written.

**CHILDREN’S TRUST OF ALACHUA COUNTY**

By: \_\_\_\_\_  
Marsha Kiner  
Executive Director  
Date: \_\_\_\_\_

APPROVED AS TO FORM

Approved as to form:

\_\_\_\_\_  
Alachua County Attorney's Office

\_\_\_\_\_  
Alachua County Attorney's Office

ATTEST

By: \_\_\_\_\_  
J.K. "Jess" Irby, Esq, Clerk

**ALACHUA COUNTY, FL**

By: \_\_\_\_\_  
Mary C. Alford, Chair  
Board of County Commissioners  
Date: \_\_\_\_\_

**INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE CONTRACTS. IF A NATURAL PERSON, THEN YOUR SIGNATURE SHOULD BE NOTARIZED. SAMPLE FORMATS FOR NOTARY ARE AVAILABLE ON THE INTRANET UNDER THE PURCHASING/PROCUREMENT SECTION.**

**FUNDING SOURCE:**

<i>KJ</i>	<b>FISCAL YEAR</b> 2024	<b>AMOUNT</b> \$45,480	<b>ACCOUNT NO.</b> Filed in the Fiscal Dept.
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Attachment A

**A. Scope of Service**

The CTAC seeks to expand access to safe and enriching summer programming for children from low-income families living in Alachua County. The following areas will be included in the scope of services under this RFP.

**Target Population:**

The target population for this RFP is children from low-income families living in Alachua County and who are kindergarteners (five years old on or before September 1st) through 12th graders. Under the scope of services, contractors will recruit and enroll children into summer camp programming under the following guidelines:

- Full scholarships: children from families at or below 200% 2024 federal poverty threshold, children with Individualized Educational Plan (IEP), and/or children from families receiving SNAP benefits. Children in foster care, voluntary formal kinship care, or under case management supervision.
- Child has Individualized Education Plan (IEP) and/or 504 Plan must also be at or below 400% Copy of the IEP or 504 Plan (first page only)
- Partial scholarships: children from families between 200% - 400%2024 federal poverty level *Note: Children receiving school readiness funds at a site are not eligible for Children’s Trust summer scholarship funds.* Children in foster care, voluntary formal kinship care, or under case management supervision.

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%
1	30,120.00	33,885.00	37,650.00	41,415.00	45,180.00	48,945.00	52,710.00	56,475.00	60,240.00
2	40,880.00	45,990.00	51,100.00	56,210.00	61,320.00	66,430.00	71,540.00	76,650.00	81,760.00
3	51,640.00	58,095.00	64,550.00	71,005.00	77,460.00	83,915.00	90,370.00	96,825.00	103,280.00
4	62,400.00	70,200.00	78,000.00	85,800.00	93,600.00	101,400.00	109,200.00	117,000.00	124,800.00
5	73,160.00	82,305.00	91,450.00	100,595.00	109,740.00	118,885.00	128,030.00	137,175.00	146,320.00
6	83,920.00	94,410.00	104,900.00	115,390.00	125,880.00	136,370.00	146,860.00	157,350.00	167,840.00
7	94,680.00	106,515.00	118,350.00	130,185.00	142,020.00	153,855.00	165,690.00	177,525.00	189,360.00
8	105,440.00	118,620.00	131,800.00	144,980.00	158,160.00	171,340.00	184,520.00	197,700.00	210,880.00
9	116,200.00	130,725.00	145,250.00	159,775.00	174,300.00	188,825.00	203,350.00	217,875.00	232,400.00
10	126,960.00	142,830.00	158,700.00	174,570.00	190,440.00	206,310.00	222,180.00	238,050.00	253,920.00
11	137,720.00	154,935.00	172,150.00	189,365.00	206,580.00	223,795.00	241,010.00	258,225.00	275,440.00
12	148,480.00	167,040.00	185,600.00	204,160.00	222,720.00	241,280.00	259,840.00	278,400.00	296,960.00
13	159,240.00	179,145.00	199,050.00	218,955.00	238,860.00	258,765.00	278,670.00	298,575.00	318,480.00
14	170,000.00	191,250.00	212,500.00	233,750.00	255,000.00	276,250.00	297,500.00	318,750.00	340,000.00

Figure 1 [For reference: Poverty Thresholds for 2024 by Family Size](#)

**Programming Activities:**

The CTAC seeks to fund summer camp providers offering a range of programming activities. Applicants have the flexibility to implement creative, innovative programs that meet the needs and interests of children enrolled in their programming.

**Service Locations:**

The CTAC expects to fund summer program sites throughout Alachua County, with a concentration in high poverty communities. Applicants may propose to serve one or more program sites throughout Alachua County. Funding will be prioritized by the percentage of children living in poverty in each zip code. See zip code table and Florida Chamber – Gap Map, 2019 for more details:

<https://www.flchamber.com/floridagapmap/>

Applicants may provide services in a variety of locations, including, but not limited to schools, city or county parks and facilities, faith-based locations, and community organizations. Best practices indicate providing services at sites that do not charge or charge minimally for space (such as schools, parks, and faith-based locations) results in higher investments in staffing that can support program quality.

The physical environment in which a program operates is a foundation for the youth's experience in a program. Indoor and outdoor spaces should be able to adequately and safely accommodate all program activities. Key features of high-quality service locations include:

- Can safely and comfortably accommodate the various activities offered and/or can be re-arranged to meet the various needs of the program (e.g., spaces for physical games, creative arts, individual/quiet work, and eating/socializing)
- The outdoor environment is suitable for a wide variety of activities, including physical activity, group games, and individual play
- Alternative plan if an environment is inaccessible due to weather or other external factors.

Zip Code	% Under 18 Living in Poverty
32641	39%
32603	38%
32640	29%
32601	29%
32609	27%
32607	26%
32667	24%
32643	22%
32653	21%
32694	20%
32608	17%
32615	17%
32605	14%
32618	13%
32669	13%
32606	2%

### **Scheduling, Frequency, and Duration:**

Programs have wide latitude in this RFP concerning the schedule, frequency, and duration of their programming. However, research shows that long-term engagement improves outcomes. Therefore, the CTAC will not fund drop-in programs. Providers must establish an attendance policy consistent with this requirement.

### **Staffing:**

Highly qualified staff members capable of developing strong, positive relationships with youth participants are a key component of successful youth programs. Applicants must demonstrate solid staff experience with similar services, including certifications and/or years of service. When possible, programs are encouraged to consider hiring staff from local schools that primarily serve their participants to increase collaboration and communication opportunities with youth schools.

- **Positions:** All Contractors must identify one program director to administer the program. This individual will serve as the primary contact for CTAC in all matters related to the summer program. At the minimum, the program director will be responsible for managing and implementing the program as described in the Summer Site Profile to ensure that the Contractor meets its responsibilities to CTAC under the contract promptly.
- **Ratios:** Ratios should be designed to meet the needs of the students targeted by the program and should be appropriate to support the efforts to improve their academic achievement and personal growth goals. Contractors shall implement a ratio no greater than 1:20 ratio of staff /youth.
- **Background Screening:** All staff working in CTAC-funded programs must comply with Level 2

background screening and fingerprinting requirements in accordance with § 943.0542, Fla. Stat., § 984.01, Fla. Stat., § 435, Fla. Stat., § 402, Fla. Stat., § 39.001, Fla. Stat., and § 1012.465, Fla. Stat. as applicable. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment. An Affidavit of Good Moral Character must be completed prior to hire for each employee, volunteer, and subcontracted personnel who work in direct contact with children. Program providers will be required to re-screen each employee, volunteer and/or subcontractor every five (5) years. **Note: Failing to provide proof that all staff are cleared may result in contract termination and return of advance funds.**

- **Infant and Child CPR/First Aid:** Each summer program must have always at least one staff member on-site and during field trips with a current and valid certification in first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures. CPR training may be classroom or online instruction and must include an on-site instructor-based skills assessment that is documented by a certified CPR instructor. Documentation of the online course and on-site assessment must be maintained on file at the facility.

#### **Data Collection:**

All contractors funded will be required to collect the following data and enter it into SAMIS:

- Participant demographics
- Parental consent and image releases
- Participant attendance
- Satisfaction surveys

Contractors will be expected to attend summer provider training at the beginning of the contract to go over overall data collection requirements and tools. Additionally, data is expected to be entered on a weekly basis throughout the summer.

#### **Performance Incentives**

- **Extended hours of operations:** \$100 per each enrolled child will be awarded to providers that offer daily programming for 8 or more hours or a maximum of \$5,000 per provider [Note: must be documented with schedules and contract manager observations]
- **Family engagement activities:** \$500 per site will be awarded to providers that **host** at least 1 family engagement activity to encourage **positive child and parent interactions** [Note: must be documented with **session sign-in sheets and Event Flyer**]
- **Extended Summer Duration:** \$1,000 per site will be awarded to providers that offer summer services for the duration of summer (**e.g. 1st day of Summer to Last day of Summer from Alachua County Public School Calendar**) [Note: must be documented with **schedules and contract manager observations**]
- **High Participation rates:** \$10 per week per child that attends the program four or more days or a maximum of \$10,000 per provider [Note: must be documented with **schedules and submitted attendance**]



**Section 1: Site Profile: Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site Summary section. At least one site is required for application to be considered complete**

**1.Site Information**

<b>Organization Name</b>	Alachuca County Parks an
<b>Site Name</b>	Cuscowilla Nature and Retreat Center
<b>Site Address</b>	210 SE 134 Ave Micanopy, FL 32667
<b>Site Contact Name/Phone/E-mail:</b>	Jamie Bass 352- 274- 2372
<b>Site Enrollment Phone # and Website</b>	https://alachua.recdesk.com/Commun
<b>Social Media Links (Facebook/Instagram/Twitter)</b>	https://www.facebook.com/
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year	2-8
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date: June 10, 2024 # Of Weeks of Programming: 8 Additional Details: End Date: August 2, 2024 Hours of operations: 7:30am - 5:15pm

**Summer 2024**

**Days of Youth Programming to Be Offered**

Please add a "x" for each day summer camp programming will be offered:

June 2024							July 2024							August 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
26	27	28	29	30	31	1	30	1	2	3	4	5	6					1	2	3
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*School ends on May 31, 2024

June 19<sup>th</sup> is Juneteenth

July 4<sup>th</sup> is Independence Day

\*\*School starts on August 12, 2024

<p><b>Expected Attendance of Children</b> Describe expected attendance of children at your program. How many days per week will they attend? How many hours in a day will they attend? How many weeks will they attend?</p>	<p>Hours per Day: <b>9</b>                                  Days per Week: <b>5</b>                                  # of weeks expected to attend: <b>8</b></p>		
<p><b>Site Description:</b> Provide a brief description of the facility, including amenities, number of rooms, maximum occupancy, and any other information to show that the facility can safely meet the needs of children during the summer</p>	<p>Cuscowilla offers an Olympic sized, fenced in swimming pool, air conditioned classrooms, dining hall to house over 100 during meal times, game room with air hockey, ping pong and more, basketball courts, fishing and boating dock with a pond, archery range, and a large field to accommodate large games.</p>		
<p><b>Executive Summary:</b> Provide an executive summary of the program and services offered at this site (100 words or less). This summary will be used in reports and promotional materials developed by CTAC</p>	<p>Cuscowilla Nature and Retreat Center is located on 200 acres in Micanopy, FL and is home to many wildlife species. Children will be immersed in nature as they experience Day Camp. Campers will participate in activities such as swimming, fishing, boating, archery, arts and crafts, and so much more!</p>		
<p><b>Site Staffing:</b> Describe how your site will provide appropriate staffing to ensure safe and enriching programming. Refer to the RFP guidelines as staffing requirements including positions and ratios when completing site staffing.</p>	<p>We will provide a ratio of 1:8 staff members as well as specialized staffing to provide optimal programming. Each group will have 2 adults and no more than 15 campers at all times on site.</p> <p>Specialized program such as archery, climbing wall and swimming will have current certified staff conducting the activities.</p> <p>Staff will undergo an interview, reference check and level 2 background check, which includes finger printing prior to being on site. All staff will participate in staff training week prior to camps start date to ensure their knowledge with procedures and polices.</p> <p>Staff over 18 will complete First Aid/ CPR/ AED certification prior to camp start date. A certified personnel will be with campers at all times.</p>		

# 1. Site Budget Summary

Site Name			
Budget Item	Description	Request Amount	Additional details to support request including justification of requested amount. This section must be completed.
Enrollment/Registration Fees	CTAC will cover a one-time enrollment and/or registration fee per child receiving a CTAC scholarship. Complete the following fields to calculate request amount: A) Cost per enrollment fee requested from CTAC: B) # Of children to receive enrollment fees: C) Enrollment Fee request amount (A X B=C)	\$0	
Scholarships (Full)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals, etc.) Complete the following fields to calculate request amount: A) Cost per Scholarships (Full) requested from CTAC: \$100 B) # Of children to receive Scholarships (Full): 45 C) # Of weeks children are expected to attend camp: 8 D) Scholarships (Full) Total (A X B X C): 36,000	\$36,000	Funds will be used for staff salaries and meals provided for the campers.
Scholarships (Partial)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals etc.). Complete the following fields to calculate request amount: A) Cost per Scholarships (Partial) requested from CTAC: B) # Of children to receive Scholarships (Partial): C) # Of weeks children are expected to attend camp: D) Scholarships (Partial) Total (A X B X C):	\$0	
Materials	CTAC will cover the costs of materials of full/partial scholarship children to participate in summer camp activities. The reimbursement of material is based on the ratio of CTAC sponsored children. The CTAC logo should be added to material where applicable on all SWAG items i.e., water bottles, T-shirts, and bags. The proof/mockup from the vendor must be included with your reimbursement request.	\$0	
Fieldtrip	CTAC will cover the costs of full/partial scholarship children to participate in field trips including admission costs. All field trip expenses will include copies of field trip attendance for verification. Proof of attendance must be submitted with the request for reimbursement. Please refer to the checklist and information in the provider handbook before submitting reimbursement request for field trips.	\$800	We will be taking field trips once a week through out the county cost per camper range from \$4- \$10.

Transportation	CTAC will only cover the cost of scholarship recipients that attended the day of the field trip. These expenses for buses, vehicle rentals, gas etc. Vehicle rentals are limited to charters and vans Transportation costs excluding gratuity and insurance coverage will be reimbursed. A detailed travel/mileage log documenting vehicle use for necessary summer camp travel must be maintained by the provider. Include this log with transportation reimbursement requests.	\$8,680	Cuscowilla provides a no cost to the cam
Background Checks	CTAC will cover the costs for all staff to receive Level 2 background checks.	\$0	
<b>Site 1 Total Request:</b>		45,480	

**Section 2: Site Profile: Skip this section if no more site profiles are needed. Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site and Budget Summary section. At least one site is required for application to be considered complete**

## 2.Site Information

<b>Organization Name</b>			
<b>Site Name</b>			
<b>Site Address</b>			
<b>Site Contact Name/Phone/E-mail:</b>			
<b>Site Enrollment Phone # and Website</b>			
<b>Social Media Links (Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year			
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date:	# of Weeks of Programming:	Additional Details:
	End Date:	Hours of operations:	

## Section 5: Site and Budget Summary

Site Name	Enrollment/Registration Fees		Scholarships (Full)		Scholarships (Partial)		Materials	Fieldtrips	Transportation	Background Checks	Site Total Request
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	0	0.00	45	36,000.00	0	0.00	0.00	800.00	8,680.00	0.00	45,480.00
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
<b>Total</b>	0	0.00	45	36,000.00	0	0.00	0.00	800.00	8,680.00	0.00	45,480.00

Attachment C: Insurance Requirement  
TYPE "B" INSURANCE REQUIREMENTS  
"Professional or Consulting Services"

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, their agents, representatives, employees, or subcontractors.

**I. COMMERCIAL GENERAL LIABILITY**

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products/Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense

**II. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**

A. Coverage to apply for all employees at STATUTORY limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

B. Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**III. PROFESSIONAL LIABILITY or ERRORS AND OMISSIONS LIABILITY (E&O)**

Professional (E&O) Liability must be afforded for not less than \$1,000,000 each claim, \$1,000,000 policy aggregate.

**IV. OTHER INSURANCE PROVISIONS**

A. All Coverages

1. The Contractor shall provide a Certificate of Insurance to the Children's Trust of Alachua County with a thirty (30) day notice of cancellation. The insurance shall list the Children's Trust of Alachua County as an additional insured. All coverage shall be provided on an occurrence basis.

2. Contractors shall include all subcontractors as insured under its policies. All subcontractors shall be subject to the requirements stated herein.

**CERTIFICATE HOLDER: Children's Trust of Alachua County**

**Attachment D  
Deliverables**

DATE RANGE	DELIVERABLE	EVIDENCE	DUE DATE(S)
Date of Award – April 2024	1. Program Preparation	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Affidavit Letter outlining screening of all staff & volunteers. <input type="checkbox"/> All staff background screenings results initiated in the Clearinghouse  <input type="checkbox"/> Verified in Philanthropy Hub (Nonprofits only)	May 15, 2024
March & May 2024	2. Attend CTAC Summer Provider training	<input type="checkbox"/> Training attendance <input type="checkbox"/> SAMIS Fiscal Training <input type="checkbox"/> SAMIS Data Training	March 21, 2024 March 28, 2024 May 9, 2024
May 2024	3. Background Screens	All Staff Background screening results. <b>Note: Failing to provide proof that all staff are not cleared may result in contract termination and return of advance funds.</b>	June 7, 2024
May – August 30th, 2024	4. Implement the program in a safe and supportive environment  # of days # of students	<input type="checkbox"/> Sign In/Sign Out Sheets <input type="checkbox"/> Monthly Invoice <input type="checkbox"/> SAMIS Data Collection <input type="checkbox"/> System	Due 15 <sup>th</sup> of every month

<p>May – August 30th, 2024</p>	<p>5. Submit child demographics and weekly program attendance including participation in fieldtrips and family engagement activities as applicable.</p>	<p><input type="checkbox"/> Monthly Invoice  <input type="checkbox"/> Submission on CTAC SAMIS Data Collection System</p>	<p>Due 15<sup>th</sup> of every month</p>
<p>September 15<sup>th</sup>, 2024</p>	<p>6. Program Summer 2024 closeout</p>	<p><input type="checkbox"/> SAMIS Data Collection System, Parent and Child Satisfaction Survey &amp; End of Program Narrative</p>	<p>September 15<sup>th</sup>, 2024</p>

NOTE: An Affidavit Letter is a letter on Contractor letterhead and clearly states that all staff and volunteers have completed the screening with verification of staff background screening results and completed Affidavits of Good Moral Character prior to the commencement of the program.



# Summer Camp – FY2024

## Attachment E

### Performance Measures

#### Alachua County Board of County Commissioners

Performance measures establish shared goals and operational definitions for measuring whether anticipated results are achieved. CTAC uses Results Based Accountability, which is a framework for defining success measures focusing on: Quantity (how much?), Quality (how well?), and Short-term or Direct Impact (is anyone better off?)

<b>How Much?</b>	<b>FY2024 Target</b>
<b>Children enrolled who attend at least one day</b> (as measured by provider reporting in SAMIS. Note: The target is 90% of children listed on the site profile)	41
<b>Number of Program Days</b> (as measured by provider attendance reporting in SAMIS). (Note: Total days listed on site profile.)	37
<b>How Well?</b>	<b>FY2024 Target</b>
<b>Children attend for the number of days anticipated</b> (as measured parent report on enrollment form and provider attendance tracking).	75%
<b>Parents were satisfied with camp communication</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	85%
<b>Families enjoyed the overall camp experience</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Better Off?</b>	<b>FY2024 Target</b>
<b>Families felt their children were safe while at camp</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families were satisfied with the learning activities offered</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families report their children enjoyed their camp experience</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families were satisfied with the camp activities</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%

## Attachment F

### Data and Reporting

Participant Characteristics	
Data Requirement	Data Collection
<p><u>Participant Demographics</u>: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>▪ Child First and Last Name</li> <li>▪ Residence Address (note: <i>must be within Alachua County</i>)</li> <li>▪ Residence City (note: <i>must be within Alachua County</i>)</li> <li>▪ Residence ZIP (note: <i>must be within Alachua County</i>)</li> <li>▪ Child Date of Birth</li> <li>▪ Grade (i.e., K-12)</li> <li>▪ School Name</li> <li>▪ Race (i.e., American Indian or Alaskan, Asian, Black or African American, Pacific Islander, White, Multiracial, Other)</li> <li>▪ Ethnicity (i.e., Hispanic or Non-Hispanic)</li> <li>▪ Gender</li> <li>▪ Language Spoken at Home</li> <li>▪ Is English Proficient</li> <li>▪ Scholarship Type (i.e., Full or Partial)</li> <li>▪ Enrollment Criteria for Scholarship (i.e., below 200% FPL, IEP and/or 504 plans, in foster care, kinship care, under in-home case management, family receiving SNAP benefits, between 200% - 400% FPL)</li> <li>▪ Number of days of expected attendance as reported by the parent/caregiver.</li> </ul>	<p>Provider will ensure completion of the CTAC <a href="#">Child Enrollment Form</a> for each child receiving a scholarship to support submission of data to CTAC.</p> <p>Provider will submit data listed for each individual child through SAMIS.</p> <p>A participant consent form <i>must be</i> received for each child entered into SAMIS.</p>
<p><b>Why does the Trust collect child demographics?</b>            Collecting demographics information helps us better understand the types of children and youth accessing services and to determine whether services are being received by the intended population.</p>	

<b>Service Provision / Participation</b>	
Data Requirement	Data Collection
<p><u>Program Participation</u>: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>• Daily summer camp attendance</li> <li>• Field trip attendance (if applicable)</li> <li>• Participation family engagement events/activities (if applicable)</li> </ul>	<p>Provider will develop, collect, and maintain attendance forms to support the collection of data to be submitted to CTAC.</p> <p>Provider will submit participation data listed for each individual child through SAMIS.</p>
<p><b>Why does the Trust collect program participation?</b> Collecting participation data allows us to see how much services are received for payment purposes and to determine the level of child and family engagement in programming.</p>	
<b>Surveys / Assessments</b>	
Data Requirement	Data Collection
<p><u>Satisfaction Survey</u>: Providers are expected to conduct a satisfaction survey provided by CTAC with all families who receive services and encourage full participation. Providers should strive for completion rates of at least 70%, to allow for more meaningful and representative results.</p>	<p>Providers may administer the <a href="#">survey</a> to families electronically, on paper, or using both methods.</p> <p>Providers will enter in surveys administered on paper through the SAMIS link: <a href="https://lxm.cc/28rMuR">https://lxm.cc/28rMuR</a></p>
<p><b>Why does the Trust require program quality information?</b> The Trust wants to ensure all providers it funds are operating a safe and high-quality program. The Trust seeks parent and child input to assess and make improvements in future programming.</p>	

### Parent/Caregiver Consent

To consent to participation and information on demographic, eligibility, participation, and assessment/survey information shared with CTAC.

<b>Record Keeping</b>	
Requirement	Data Collection
<p><u>Participant Records</u>: Providers will maintain a file for each child enrolled including enrollment, scholarship eligibility verification, consent, and image release forms.</p>	Files to be kept on site.
<p><u>Verification of Scholarship Eligibility</u>: Providers are expected to verify scholarship eligibility and maintain documentation as outlined in the Child Enrollment Form.</p>	Files to be kept on site.

Personnel Records: Providers will maintain a personnel file for each staff involved in the program, including in-kind staff and volunteers. Each file should contain, at minimum, background screening results, proof of required trainings, and any required certifications or licensures, including the Affidavit of Good Moral Character.

Providers are expected to hire and retain staff and subcontractors with the necessary qualifications/credentials.

Providers are expected to produce proof of required experience, education, and certifications/licensures as specified in scope of services.

Files to be kept on site.

# Attachment H

## LanguageLine Services



### Rural Women's Health Project

### LanguageLine® Solutions & Pricing Schedule

#### LanguageLine® Phone<sup>SM</sup> Interpreting

**Uses & Benefits:**

- 24/7/365 access to over-the-phone or audio interpreters in 240+ languages, on-demand
- No appointment scheduling necessary
- Most cost-effective approach to interpretation services

**Appropriate for:**

- Call/communication centers
- Three-way calling (dial-in, dial-outs)
- Unanticipated interpretation needs
- Languages of lesser diffusion (languages with limited or nonexistent video or face-to-face availability)
- Short encounters (less than 15 minutes) that are less technical in nature

**Per Minute Usage Fees for LanguageLine Phone Interpreting and InSight® Audio Interpreting**

Tiers	Languages	Per Minute Charge
1	Spanish	\$0.56
2	All other languages	\$0.61

**Generic Call Flow Process to Access an Interpreter:**

1. Dial LanguageLine at **1-866-874-3972**
2. Input **Client ID** (unique to your Department)
3. Press 1 for Spanish, 2 for all other languages, 0 if you do not know the language you need

**Note: Before the organization can begin using the LanguageLine service, a representative from the organization must attend the LanguageLine training. The CTAC will inform you of the date and time of the training.**

# Attachment I



**CHILDREN'S TRUST**  
**OF ALACHUA COUNTY**

## Provider Handbook

**Children's Trust of Alachua County**

4010 NW 25<sup>th</sup> Place  
Gainesville, FL 32606  
(352) 374-1830

**Effective Date**

June 2020

*Revisions*

*July 2020*

*January 2021*

*October 2021*

*September 2022*

*April 2023*

*October 2023*

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## Introduction

This handbook provides general guidance on program policy and procedures on requesting payments for contracts. It is important to note rules may vary depending on the contract terms, general terms & conditions, or program guidance. To determine what you can bill, refer to the contract, this guide, and programmatic guides applicable to your project.

## Reimbursement

**You have to pay first.** CTAC pays all your contracts through reimbursement. You may request reimbursement only after you have paid your employees and vendors. For example, if your budget allows for program supplies, you must first purchase the supplies then request CTAC to reimburse you. Providers are encouraged to set up payment via EFT.

## CTAC Will Only Pay Allowable Costs

CTAC will pay only for allowable costs. An allowable cost is a cost that can be allocable to your budget line items. A cost is allowable only if: The cost is reasonable; it reflects what a prudent person might pay; The contract or grant that paid the expense benefits from it; The cost is necessary to complete the approved Budget Narrative; Documented adequately and incurred during the period of performance set forth in the contract. Costs outside the period of performance are not allowable. Some costs may be eligible if prior approval is given by the Executive Director or Program Manager.

## CTAC Pays Promptly

CTAC is provided 45 days to pay a properly completed Monthly Invoice, in accordance with the Local Government Prompt Payment Act, Chapter 218, Part VII Florida Statutes. In most cases, reimbursements are paid within 30 days of receiving your properly completed monthly invoice. Properly completed invoices include all necessary documentation, signatures, and backup documents.

## Your Information is Public

All information and documentation submitted to CTAC is open to public review (Florida Statutes, Chapter 119). CTAC recommends social security numbers be removed from documents submitted to CTAC.

## Reimbursable Expenses

### Direct Costs

CTAC will reimburse for direct and overhead costs that are allowable under the contract. Direct costs are those that can be assigned to a particular project activity and budget category contained in the contract such as:

- Compensation of actual hours of employees for the time devoted to the project.
- Cost of materials and equipment used specifically for the project.
- Actual hours of administrative personnel who process vouchers, payroll, and other accounting activities specific to the project.

### Indirect Expenses Costs

Indirect Expenses represents those costs that benefit more than one activity and that cannot be directly assigned to a task of the budgeted project. Examples of Indirect expenses include



expenses such as salaries and benefits for CEO, accounting staff, I.T. staff and human resources staff. The CTAC allows for 10% of your Program Budget to be included toward these indirect overhead expenses. If you are requesting budget allocations for positions as mentioned herein, then the 10% Indirect budget expense will not be allowed. The Indirect expense CANNOT increase your budget above your allocation.

### Equipment

Purchases of equipment cannot exceed \$1,000 per single item. Specific items being purchased must be identifiable and listed in the Budget Narrative in the grant contract. Specific items may be categorically denied during the review process.

### Goods and Services

Goods and Services must be an allowed expense under the grant contract.

### Payroll

Employee time directly to the approved Budget Narrative may be reimbursed. The reportable amount is the employee's regular rate of pay, including employer paid (not employee), taxes and benefits. **CTAC does not pay for Employee Bonuses, Vacation or sick hours.**

### Travel and Transportation

Must maintain a detailed mileage travel log, which includes a name with dates, times, locations, business purpose, and miles to and from.

### Meals and Snacks

Meals and snacks are only reimbursable if specified in the approved budget. Meals and snacks should be healthy and nutritious choices. A vendor receipt, and list of participants or census (attendance/sign-in sheet) for those receiving nourishment must be included in your request. For Summer camps, meals and snacks are included and approved in your scholarship and enrollment funding request.

**\*\*\*\* IMPORTANT \*\*\*\***

**Invoice Due Dates** – Invoices are due to the CTAC no later than the 15<sup>th</sup> of the month following the month of service, unless otherwise agreed in writing by the CTAC. Contracted agencies shall submit monthly reimbursement requests, even if no expenses are incurred for the month. Current requests for reimbursement may be delayed if prior months are outstanding.

**Passwords** – Password protected documents will be returned.

## Monthly Requests for Reimbursement

The following requirements must be met:

1. Please number the pages of the documents included. Please certify the total number of pages included with your request for reimbursement.
2. Each monthly invoice must be signed or initialed and dated by an appropriate officer of the agency.
3. Cost reimbursement receipts (copies and supporting documentation) must be presented to CTAC for payment within 30 days of the transaction date. For instance, if the reimbursement request is for services during the month of March, and the payment receipt (e.g., check) is dated in January, payment will be rejected. This is to avoid the possibility of a duplicate being presented to CTAC for payment. Only pre-approved exceptions apply.
4. Documents must remain available at the contracted agency for audit by CTAC personnel.
5. Lost or missing documents could negatively impact administrative reviews.
6. Payments made by credit card must be supported by the receipt of the transaction and the credit statements or transaction report.
7. If the purchase was made with a form of payment other than the company's credit card. (e.g., cash, check, credit card, etc.,) proof of verification of payment/reimbursement to the third party should be submitted along with the payment receipts.
8. The reimbursement form should reflect complete provider details including Contact name and phone number along with signatures in the Certification section signed by the Agency's authorized signatory.
9. Reimbursement is to be requested for approved budgeted line items only. Reimbursement requests for non-budgeted line items will be disallowed.
10. Your monthly invoice will be returned to the provider for failure to redact sensitive information or missing/incorrect submissions.

## Supporting Backup Documentation and Requirements

This document is intended as a guide as to what is considered appropriate documentation to support expenditures. **CTAC only pays for time worked. If your Program employee is out for any reason, you may charge us for the employee performing those tasks in his/her place.** The supported documentation is to be submitted in accordance with the following checklist:

- ✓ Copies are clean and legible. **ALL** receipts should **clearly** indicate the vender's name and the imprinted date of the purchase.
- ✓ Copies are to be organized in the same order as the expenditures listed on the monthly invoice submitted in SAMIS.
- ✓ If more than one item and/or amount is on a page and not all items are to be reimbursed by the CTAC, highlight the item and/or place an asterisk "\*" next to the item requested to be reimbursed.
- ✓ Pages are to be numbered may be done by hand.
- ✓ Small paper receipts (i.e., cash register tapes) **should be taped** to an 8 ½ x 11" sheet of paper and copied to minimize the possibility of receipts being lost in the transit process. If you are submitting small receipts, limit two or three per page. Long tapes (Target or Walgreens, etc.) should be folded in such a way that the date, vendor, and total of the receipt are visible.
- ✓ Checks are to relate to the month that reimbursement is requested.
- ✓ Requests for reimbursement are to **exclude** the Florida sales tax in instances that sales tax should not have been paid.
- ✓ Copy of the bank statement from which checks were paid e.g., payroll account and/or copy of canceled check/Proof of Payments.
- ✓ Only information related to the staff being charged to the CTAC Agreement should be included in the supporting documentation. Information related to other staff members should be redacted. **Sensitive information such as social security numbers, bank account numbers, etc., should also be redacted.**

### Section A – Documentation Required for Salaries

1. Copy of payroll register. Place an asterisk "\*" and/or highlight the employee(s) charged to the program. The payroll register is to include the employee's name, pay period, position title (position title must be in agreement with the title appearing in the approved contract budget), gross check amount, hourly rate and/or annual salary, number of hours worked for the contract and check number. If the payroll register does not reflect the check number, attach a copy of the canceled payroll check.
2. CTAC "Summary of Payroll Expenses" Form, i.e., the percentage of time that the employee devoted to the program, if applicable.
3. Copy of timesheet
4. Copy of canceled check/Proof of Payment

### Section B – Documentation Required for Fringe Benefits

#### **Payroll Taxes, etc.**

1. Copy of applicable payroll tax report(s).
2. Proof of tax payment (e.g., wire transfer).

3. You must provide the calculation for all amounts if it is less than 100% of the amount on the backup provided.

**Insurances (Health, Life, Disability, etc.):**

4. Copy of the insurance invoice (highlight the employees charged to the program, if applicable).
5. Copy of canceled check/Proof of Payment/Proof of Payment.

**Payments to Retirement Benefits:**

6. Copy of the invoice detailing payment per the employee register (highlighting the employees charged to the program).
7. Copy of canceled check/Proof of Payment or proof of the payment/transfer

Payroll related costs charged to CTAC contracts must be documented on a timesheet and included in your monthly invoice, along with this information:

- Reflect an after-the-fact determination of the actual activity of each employee.
- Account for the total activity for which the employee worked by a responsible supervisor having firsthand knowledge of the activities performed by the employee.
- Be prepared at least monthly and coincide with one or more pay periods.
- Not be budget estimates or other distributions based on a percentage before the work was performed.

If a timesheet is unable to be used for reimbursement because of an entity's accounting system, individual employees may fill out a Contracting Individual Contributed Services Form.

## Section C – Documentation Required for Operating Costs

**Travel:**

Miles to and from.

Field Trip reimbursement is only allowed if the language is included in the RFP or ITN.

- CTAC will only pay for children that are CTAC sponsored. The provider must clearly indicate on the receipt the price per child requested for reimbursement.
- A list of CTAC sponsored attendees/chaperons must be submitted with reimbursement requests, in accordance with the approved ratio.
- Reimbursement of travel expenses will be calculated based on the ratio of CTAC sponsored children in attendance.
- Overnight trips must follow the standards of the CTAC policy and the attached checklist.

The portion of allowable transportation costs that are directly attributed to the contract can be reimbursed using one of the following methods:

- Mileage: No other vehicle costs including insurance, fuel, oil changes, repairs, maintenance, or lease payments will be allowed.
- Vehicle Rental: is limited to actual rental and fuel costs.
- All receipts for all lodging and travel-related expenses must be submitted on a travel voucher request form.

- Local Travel: Copy of receipts for parking tolls (may be a Sunpass report). Place an asterisk “\*” next to the item requested to be reimbursed and/or highlight the item).
- Out-of-town Travel: Copy of travel expense report and related receipts, including meals, parking, and tolls (rates for meals must be in accordance with The Children’s Trust budget guidelines) Invoice for transportation costs (air, bus, train, or car).
- *For Travel by Car:*
  - Employee Car: Travel log as detailed above.
  - Rental Car: Invoice from car rental agency and gasoline receipts.
- *For Travel by Air, Bus, or Train:*
  - Invoice detailing ticket price and point of origin and destination.
  - Rental Car: Invoice from car rental agency and gasoline receipts.
  - Receipts for any allowance incidentals (i.e., taxi fare).
  - Copy of canceled check/Proof of Payment/proof of payment.

**Travel (Participants):**

- Invoice from transportation company. Invoice must list, at a minimum, date of travel and destination. Copy of Credit card statement.

**Meals (Participants):**

- Copy of vendor receipt from food vendor.
- A daily census or participant list.
- Sign in sheets / list of recipients.

**Space:**

- Copy of lease agreement.
- Proof of credit card payment / canceled check or bank statement.

**Utilities:**

- Copy of vendor invoice/bill.

**Supplies – Office:**

- Copy of vendor invoice/bill.

**Supplies – Program:**

- Copy of vendor invoice/bill.

**Equipment:**

- Copy of vendor invoice/bill (serial number, quantity, etc., must agree with information entered on The Children’s Trust invoice).
- Equipment over \$1,000 must show proof of credit card payment / check or bank statement.

**Professional/Contracted Services:**

- Copy of agreement. If agreement terms are based upon a cost reimbursement method of

- payment, a time sheet or supporting documentation/invoice of each cost must be provided.
- Copy of vendor invoice/bill.

## Section D – Documentation Required for Other and One-time Expenditures

Items are to be in agreement with the approved budget.

Examples of “other” items may include the following:

- Fieldtrip:
  - Copy of vendor invoice/bill. It should, at a minimum, detail vendor name, date of visit, number of tickets/admissions, cost per ticket/admission, and total cost.
  - Attendance roster.
  - Transportation documentation.
  - Copy of receipt.

Backup documentation such as invoices and other directly related information must be included to be reimbursed. Attendance rosters representing those who went on the field trip, shall be maintained with the Provider and available to CTAC upon request. Social Security Numbers and children’s names should be redacted.

- Background Screenings:
  - Receipt for fingerprinting cost identifying who was finger printed.
  - Copy of submission document and/or invoice.
  - Copy of receipt (Proof of payment).
  - Programmatic reimbursement requests will not be reimbursed if not completed prior to the start of the program, excluding new hires.
- Conference and Training:
  - Copy of registration. It should, at a minimum, detail the name of the conference/training, short description of same, name of registrant, and cost.
  - Copy of submission document and/or invoice.
  - Proof of Payment.
  - Completion Certificate for attendee if applicable.
- Employee and Volunteer Testing:
  - Copy of invoice for testing agency & Copy of canceled check/Proof of Payment/proof of payment.
  - Copy of receipt. Employee /volunteer name.
- Credit Card Payments:
  - Indicate that credit card statement has been paid and include in packet.

If payment was made using a credit card, submit the Agency credit card receipt as evidence that the item has been paid.

- Online Payments:

- If payment is made online, supporting documentation including the printed receipt showing payment and acceptance of the payment by the vendor.
- Bank statement or credit card statement reflecting payment.

### Unallowable

Cash and money orders are considered unallowable supporting documentation since they cannot be specifically identified or assigned to a bank statement or payee.

**Note: The CTAC will not reimburse for gratuity, convenience fees, late payment fees, NSF bank charges or processing fees and taxes.**

## Section E – Budget Amendment Request

A Budget Amendment (BA) is the mechanism used to revise the original budget. You may not go over-budget on a per line item basis.

- A BA is used to reallocate the budget within the confines of the original award amount. The reallocation can be among approved line items and within the approved Budget Narrative. Increases must equal decreases when no adjustment is made to revenue (or original award amount).
- **No more than three budget amendments per fiscal year are allowed.**
- No budget amendments will be processed after July 31 of each fiscal year, excluding summer only providers.
- Budget adjustments greater than 10%, per CTAC policy, must be approved by the Board. After an initial review by the contract manager, the request will be added as an item to the monthly CTAC Board consent agenda and will require a vote. Budget Adjustments less than 10% are approved by the CTAC Executive Director. Until the budget adjustment is approved, the funds are not accessible and at no time back billing is allowable.
- Approval of CTAC Executive Director required.
- Change in scope of services as stated in Agreement, must be requested in writing. A Budget Amendment Request Form and explanation for changes on agency letterhead must be submitted to the CTAC Contract Manager.

## Section F –Fiscal Year-End Report Requirements

The Final invoice date is extended to October 15<sup>th</sup> of each year. The budget to Actual Report is due to the Finance Manager by November 15<sup>th</sup> of each year. The budget to actual report documents the actual program expenditures against the original approved program budget. September 30<sup>th</sup> Fiscal Year-End Reimbursement Requirements.

Fiscal Year Deadline dates will be published in mid-September; however, the following information remains consistent from year-to-year:

1. Your September 30<sup>th</sup> invoice is due on or before October 15<sup>th</sup>. Any and all late invoices or unpaid receipts must be received on or before October 15<sup>th</sup>.
2. CTAC **may** grant a provider permission to carry-forward exact amounts of a purchase if the provider has received word from their vendor that the goods will be delayed.

3. To request a carry-forward, submit a memo to the Finance Manager on Agency letterhead, signed by an approved agency signer. Include in the memo the reason for the request. Attach a copy of the back-order information received from the vendor. The Finance Manager will review the request, and if warranted, seek approval. **The carry-forward requests must be received on or before September 30<sup>th</sup> of the current fiscal year.**

Indicate on the Reimbursement Detail Report beside the vendor's name "(backorder received)". CTAC will reduce the approved carry-forward amount accordingly.

4. Invoices pertaining to a prior fiscal year **will not** be honored if the invoices are submitted after October 15<sup>th</sup>.

## Section G – Changes to Contract

The work agreed to under a contract may change during the life of the contract. An Amendment is a written document detailing the additions and supplements to the original terms of the contract. An amendment is how CTAC formalizes these changes, and it becomes a part of the contract. Any subsequent amendments to the contract are numbered sequentially over the life of the contract.

An amendment is necessary whenever there is:

- A revision in the objectives of the project.
- A decrease or increase in the contract amount.
- A mid-year review to assess the provider spending to determine if the contract award needs to be reduced.
- Whenever the expiration date is extended.

An amendment is NOT required for administrative adjustments such as changes in address or phone number or an authorized signatory. Changes like these must still be reported to CTAC in writing.

Amendments are to be signed by CTAC and the Provider and a copy is sent to the Provider for their files.

## Section H – Reporting Significant Developments

Events with significant impact on the contract project may occur anytime. CTAC Contract Manager must be informed as soon as any of the following situations come to light:

- Any problems, delays or adverse conditions which will materially affect the ability to meet project objectives, intermediate outcomes, time schedules, or project tasks within the time periods. This disclosure will be accompanied by a statement of the action taken or proposed, and any assistance needed from CTAC to resolve the situation.
- Favorable developments that enable meeting schedules or objectives sooner or at a less cost than anticipated, or that produce more beneficial results than originally planned.
- Changes in email, staff, Board of Directors, postal mailing address



## Section I – Subcontracting

When subcontracting using CTAC funds, a copy of the subcontract signed by both parties is required.

## Section J – Supplemental Activity Report

CTAC reserves the right to request activity reports and supplemental activity reports at any time. These may be based upon legislative, budget, and other reporting requests to CTAC. If an activity report is not received by the due date, CTAC will withhold payment of any subsequent invoice reimbursement requests until the information is received.

## Communications guide and logo use

Specific Activities – Mandatory:

1. When the Provider describes the Children's Trust of Alachua County in written material (including news releases), use the language provided below: The Children's Trust of Alachua County, a special district created by Alachua County voters in 2018, funds and supports a coordinated system of community services that allows all youth and their families to thrive.
2. Post on its website and in its newsletter (printed and/or digital if applicable) a news release announcing a new Provider, or new program with a current Provider, has been awarded funding by the Trust.
3. The logo on Provider's website must include hyperlinks to <https://www.childrenstrustofalachuacounty.us>.
4. Display the Trust's logo according to the guidelines on Provider's website and on any printed promotional material paid for using CTAC funds including stationery, brochures, flyers, posters, PDF's, emails, online/digital campaigns etc., describing or referring to a program or service funded by the Trust. The logo and how it may be used is described here - [Official Logo Use](#).
5. Mutually engage with Trust on various media platforms (Facebook, Twitter, Instagram, YouTube, LinkedIn) by following, liking, sharing, re-tweeting, commenting, etc.
6. Identify the Trust as a funder in media interviews.
7. Notify the Trust's Communications staff of any news release or media interview relating to this Agreement or the program funded under this Agreement so the coverage can be promoted using appropriate media channels. Assistance from the Trust can be requested by email to [ecayson@childrenstrustofalachuacounty.us](mailto:ecayson@childrenstrustofalachuacounty.us).
8. Place signage provided by the Trust's Communications Office in Provider's main office/ lobby and all additional work/service sites visible to the public, identifying the Council as a funder.
9. Display the Trust's logo on signs and banners at events open to the public (excluding fundraising events) promoting funded programs that Provider sponsors or participates in.
10. Photos and videos of minor children can only be taken with the consent of the parent or guardian of the minor child by using the [Media Release Form](#). If your organization requires its own release form, it is advisable to include language that allows for images to be used by the Children's Trust.

## Frequently Asked Questions

**Q: When are Provider invoices due to CTAC?**

A: Invoices are due in SAMIS no later than the 15<sup>th</sup> of the month following the month of service, unless otherwise agreed in writing by the CTAC.

**Submission of Agency's Final Payment**

The Final invoice date is extended to October 15<sup>th</sup> of each year. The CTAC has no obligation to provide reimbursement to the Agency for invoices which include expenses incurred in any previous grant period, if submitted after October 15<sup>th</sup>.

**Q: When can I expect Payment?**

A: CTAC will generate a payment voucher for each properly submitted reimbursement request as received and approved. Payments will be made in accordance with the Local Government Prompt Payment Act, Chapter 218, Part VII Florida Statutes. (If backup is insufficient or inaccurate and/or agency in noncompliance with contract deliverables or program requirements, CTAC may withhold payment until resolved).

**Q: Where do I submit invoice & backup documentation?**

A: All invoices should be entered to SAMIS. This process initiates CTAC's internal provider payment process.

**Q: Do I submit a Monthly Reimbursement Report?**

A: Yes. The report should be completed each month even if there are no reimbursements requested.

**Q: Who is the CTAC contact person for reimbursement and/or backup documentation questions?**

A: Nicole Odom, Finance Manager  
[invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us) or (352) 374-1824

**Q: Why do I need to submit backup documentation?**

A: Copies of receipts are a requirement for payment. Detailed records of service must remain available at the contracted agency for audit either by CTAC staff or CTAC contract auditors/monitors.

**Q: Should I maintain financial records and reports relating to the utilization of funds?**

A: Yes. Maintain books, records, documents, invoices, and other evidence per accounting procedures and practices, as will permit the Agency to sufficiently and properly account for all direct costs of any nature associated with the program.

**Q: Does CTAC monitor agency activities?**

A: By accepting public funds, the Provider agrees to permit authorized CTAC persons to inspect all records, papers, documents, facilities, goods, and services of the Agency and interview any employees and clients of the Agency to be assured of satisfactory performance of the terms and conditions of the Agreement.

**Q: What is the process for submitting budget amendment requests?**

A: Complete a Budget Amendment Request Form and explanation of changes on agency letterhead and submit to the Contract Manager assigned to the contract.

**Q: Who receives and manages Public Records Requests for CTAC?**

A: If the agency has questions regarding Chapter 110, Florida Statutes, contact the CTAC at email: [amd@childrenstrustofalachuacounty.us](mailto:amd@childrenstrustofalachuacounty.us). Phone: (352) 374-1823.

Providers who fail to provide the public records, at the request of the CTAC, within a reasonable time may be subject to penalties under s.119.10.

**Q: Can the Agreement with CTAC be modified?**

A: The agreement may be modified by mutual agreement of both parties and is effective by a written amendment to the current Agreement, fully executed by both parties.

**Q: Can the Agreement with CTAC be terminated?**

A: Yes. A notice of termination from either party to the other party must be in writing and sent by certified mail, return receipt requested or by personal delivery with receipt.

CTAC Representative: Executive Director, Children's Trust of Alachua County  
c/o Children's Trust Record Custodian  
PO Box 5669  
Gainesville, FL 32627

Please refer to your agency contract agreement with CTAC, which contains all the terms and conditions agreed upon by both parties.

**SECOND AMENDMENT TO AGREEMENT NO. 13382 FOR CTAC  
BETWEEN THE CHILDREN’S TRUST OF ALACHUA COUNTY AND  
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**

THIS **SECOND AMENDMENT TO AGREEMENT**, made and entered into this 10 day of May A.D. 20 23, between the Children’s Trust of Alachua County established pursuant to Section 125.901 Florida Statutes and Alachua County Ordinance 18-08, hereinafter referred to as the “CTAC,” and "ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS”, a political subdivision of the State of Florida, corporation organized under the laws of the State of Florida, hereinafter called “Agency.” Collectively hereinafter CTAC and the Agency are referred to as the “Parties”.

**WITNESSETH:**

**WHEREAS**, pursuant to Request for Proposal 22-03 the Parties hereto previously entered into the *Agreement No. 13382 for CTAC between the Children’s Trust of Alachua County and Alachua County Board of County Commissioners*, dated April 17, 2023 (the “Agreement”) for the provision of the CTAC providing funds to the Agency for their program, Summer Day Camp; and,

**WHEREAS**, Pursuant to the Agreement, the CTAC wishes to amend the contract; and

**WHEREAS**, the CTAC Board has approved budget increases for cost-of-living adjustments; and

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree to amend the Agreement as follows:

**A. SECTION 3** of the Agreement, **Maximum Indebtedness**, is amended in its entirety to read:

The maximum indebtedness under this agreement is (FORTY-THREE THOUSAND, SEVEN HUNDRED THIRTY DOLLARS AND FORTY CENTS (\$43,730.40) for (2023) contract year.

**B. SECTION 4. A** of the Agreement. **Billing and Compensation**, is amended in its entirety to read:

For the performance of the services detailed in Section 2 of this Agreement of the CTAC shall pay the Agency an amount not to exceed (\$43,730.40) as specified in the Program Budget in Attachment **B**

**C. Attachments:** The following attachments are updated and shall replace attachments of the same name.

- Attachment B – Program Budget
- Attachment D – Deliverables
- Attachment E – Performance Measures

- Attachment F – Data & Reporting
- Attachment H – Overnight Travel Policy Checklist

**SAVE and EXCEPT** as expressly amended herein, all other terms and provisions of the agreement renewal between the parties shall be and remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this **Second** Amendment to Agreement to be executed for the uses and purposes therein expressed on the day and year first above written.

**CHILDREN'S TRUST OF ALACHUA COUNTY**

Marsha Kiner

By: Marsha Kiner (May 10, 2023 18:05 EDT)

Marsha Kiner

Executive Director

Date: May 10, 2023

APPROVED AS TO FORM

Bob Swain

Bob Swain (May 10, 2023 15:37 EDT)

Attorney for CTAC

**AGENCY**

By:

Print:

Title:

Date: A. P. Swain Apr 27, 2023

Approved as to Form

Diana Johnson

Alachua County

Attorney

**INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE CONTRACTS. IF A NATURAL PERSON, THEN YOUR SIGNATURE SHOULD BE NOTARIZED. SAMPLE FORMATS FOR NOTARY ARE AVAILABLE ON THE INTRANET UNDER THE PURCHASING/PROCUREMENT SECTION.**

**FUNDING SOURCE:**

**FISCAL YEAR**

*kg* 2023

**AMOUNT**

\$43,730.40

**ACCOUNT NO.**

001.15.1500.569.82.22

**Attachment A**

**Section 1: Site Profile: Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site Summary section. At least one site is required for application to be considered complete**

**1.Site Information**

<b>Organization Name</b>	Alachua County Parks and Open Space		
<b>Site Name</b>	Cuscowilla Nature and Retreat Center		
<b>Site Address</b>	210 SE 134 Ave Micanopy, FL 32667		
<b>Site Contact Name/Phone/E-mail:</b>	Jamie Bass / 352-574-2372/ jbass@alachuacounty.us		
<b>Site Enrollment Phone # and Website</b>	352-574-2372 <a href="https://alachua.recdesk.com/Community/Program">https://alachua.recdesk.com/Community/Program</a>		
<b>Social Media Links (Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year	2-6		
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date: 6/5/23 End Date: 7/28/23	# Of Weeks of Programming: 8 Hours of operations: 7:30am-5:	Additional Details:

**Summer 2023**

**Days of Youth Programming to Be Offered**

Please add a "x" for each day summer camp programming will be offered:

June 2023							July 2023							August 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
28	29	30	31*	1	2	3	2	3	4	5	6	7	8			1	2	3	4	5
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	6	7	8	9	10	9	10	11	12	13	14	15	6	7	8	9	10*	11	12
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	12	13	14	15	16	17	16	17	18	19	20	21	22	13	14	15	16	17	18	19
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
18	19	20	21	22	23	24	23	24	25	26	27	28	29	20	21	22	23	24	25	26
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	26	27	28	29	30	1	30	31						27	28	29	30	31		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\*School ends on May 31, 2023  
 June 19<sup>th</sup> is Juneteenth  
 July 4<sup>th</sup> is Independence Day  
 \*School starts on August 10, 2023

<p><b>Expected Attendance of Children</b> Describe expected attendance of children at your program. How many days per week will they attend? How many hours in a day will they attend? How many weeks will they attend?</p>	Hours per Day: 9	Days per Week: 5	# of weeks expected to attend: 8
<p><b>Site Description:</b> Provide a brief description of the facility, including amenities, number of rooms, maximum occupancy, and any other information to show that the facility can safely meet the needs of children during the summer</p>	Cuscowilla offers an Olympic sized, fenced in swimming pool, air conditioned classrooms, dining hall to house over 100 during meal times, game room with air hockey, ping pong and more, basketball courts, fishing and boating dock with a pond, archery range, and a large field to accommodate large games.		
<p><b>Executive Summary:</b> Provide an executive summary of the program and services offered at this site (100 words or less). This summary will be used in reports and promotional materials developed by CTAC</p>	Cuscowilla Nature and Retreat Center is located on 200 acres in Micanopy, FL and is home to many wildlife species. Children will be immersed in nature as they experience Day Camp. Campers will participate in activities such as swimming, fishing, boating, archery, arts and crafts, and so much more		
<p><b>Site Staffing:</b> Describe how your site will provide appropriate staffing to ensure safe and enriching programming. Refer to the RFP guidelines as staffing requirements including positions and ratios when completing site staffing.</p>	We will provide a ratio of 1:8 staff members as well as specialized staffing to provide optimal programming. Each group will have 2 adults and no more than 15 campers at all times on site. Specialized program such as archery, climbing wall and swimming will have current certified staff conducting the activities. Staff will undergo an interview, reference check and level 2 background check, which includes finger printing prior to being on site. All staff will participate in staff training week prior to camps start date to ensure their knowledge with procedures and policies. Staff over 18 will complete First Aid/ CPR/ AED certification prior to camp start date. A certified personnel will be with campers at all times.		



# 1. Site Budget Summary

Site Name			
Budget Item	Description	Request Amount	Additional details to support request including justification of requested amount. This section must be completed.
Enrollment/Registration Fees	CTAC will cover a one-time enrollment and/or registration fee per child receiving a CTAC scholarship. Complete the following fields to calculate request amount: A) Cost per enrollment fee requested from CTAC: B) # Of children to receive enrollment fees: C) Enrollment Fee request amount (A X B=C)		
Scholarships (Full)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals, etc.) Complete the following fields to calculate request amount: A) Cost per Scholarships (Full) requested from CTAC: 100 B) # Of children to receive Scholarships (Full): 50 C) # Of weeks children are expected to attend camp: 8 D) Scholarships (Full) Total (A X B X C): 40,000	40,000	
Scholarships (Partial)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals etc.). Complete the following fields to calculate request amount: A) Cost per Scholarships (Partial) requested from CTAC: B) # Of children to receive Scholarships (Partial): C) # Of weeks children are expected to attend camp: D) Scholarships (Partial) Total (A X B X C):		
Materials	CTAC will cover the costs of materials of full/partial scholarship children to participate in summer camp activities. The reimbursement of material is based on the ratio of CTAC sponsored children. The CTAC logo should be added to material where applicable on all SWAG items i.e., water bottles, T-shirts, and bags. The proof/mockup from the vendor must be included with your reimbursement request.		
Fieldtrip	CTAC will cover the costs of full/partial scholarship children to participate in field trips including admission costs. All field trip expenses will include copies of field trip attendance for verification. Proof of attendance must be submitted with the request for reimbursement. Please refer to the checklist and information in the provider handbook before submitting reimbursement request for field trips.	1,100	Cost per field trip is \$55 plus tax at 20 kid

Transportation	CTAC will only cover the cost of scholarship recipients that attended the day of the field trip. These expenses for buses, vehicle rentals, gas etc. Vehicle rentals are limited to charters and vans Transportation costs excluding gratuity and insurance coverage will be reimbursed. A detailed travel/mileage log documenting vehicle use for necessary summer camp travel must be maintained by the provider. Include this log with transportation reimbursement requests.	\$2,630.40	
Background Checks	CTAC will cover the costs for all staff to receive Level 2 background checks.		
	<b>Site 1 Total Request:</b>	43,730.40	

**Section 2: Site Profile: Skip this section if no more site profiles are needed. Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site and Budget Summary section. At least one site is required for application to be considered complete**

## 2.Site Information

<b>Organization Name</b>			
<b>Site Name</b>			
<b>Site Address</b>			
<b>Site Contact Name/Phone/E-mail:</b>			
<b>Site Enrollment Phone # and Website</b>			
<b>Social Media Links (Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year			
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date:	# of Weeks of Programming:	Additional Details:
	End Date:	Hours of operations:	

**Attachment B-1**

**Section 5: Site and Budget Summary**

Site Name	Enrollment/Registration Fees		Scholarships (Full)		Scholarships (Partial)		Materials	Fieldtrips	Transportation	Background Checks	Site Total Request
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
Cuscowilla Nature and Retreat Center			50	40000				1100	2630.40		43730.40
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
<b>Total</b>			50	40000				1100	2630.40		43730.40

**Attachment D  
Deliverables**

DATE RANGE	DELIVERABLE	EVIDENCE	DUE DATE(S)
Date of Award – April 2023	1. Program Preparation	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Affidavit Letter outlining screening of all staff and volunteers. <input type="checkbox"/> All staff background screening results <input type="checkbox"/> Verified in Philanthropy Hub (Nonprofits only)	May 15, 2023
April 2023	2. Attend CTAC Summer Provider training	<input type="checkbox"/> Training attendance	April 20, 2023
May – August 30th, 2023	3. Implement the program in a safe and supportive environment  # of days # of students	<input type="checkbox"/> Sign In/Sign Out Sheets <input type="checkbox"/> Monthly Invoice	Due 15 <sup>th</sup> of every month
May – August 30th, 2023	4. Submit child demographics and weekly program attendance including participation in fieldtrips and family engagement activities as applicable.	<input type="checkbox"/> Submission on CTAC provided data collection spreadsheets or tools	Due 15 <sup>th</sup> of every month
August 15 <sup>th</sup> , 2023	5. Submit End of Program Narrative	<input type="checkbox"/> End-of-Program Narrative <input type="checkbox"/> Satisfaction Surveys	August 15 <sup>th</sup> , 2023

NOTE: An Affidavit Letter is a letter on Contractor letterhead and clearly states that all staff and volunteers have completed the screening with verification of staff background screening results and completed Affidavits of Good Moral Character prior to the commencement of the program.

# Summer Camp – FY2023

## Attachment E

### Performance Measures

Performance measures are agreed upon goals to measure whether we are meeting the expectations and anticipated results for children and families through the work of this contract. The Children’s Trust uses the Results Based Accountability, which is a framework for defining success measures focusing on: Quantity (how much?), Quality (how well?), and Short-term or Direct Impact (is anyone better off?)

How Much?	FY2023 Target
<b>Children enrolled who attend at least one day</b> (as measured by provider report in CTAC data collection tool).	90% of number of anticipated children on site profile.
<b>Number of Program Days</b> (as measured by provider report in CTAC data collection tool).	Days provided on Site Profile.
How Well?	FY2023 Target
<b>Children attend for the number of days anticipated</b> (as measured parent report on enrollment form and provider attendance tracking).	75% of children
<b>Full Compliance at Site Monitoring</b> (as measured by CTAC staff observing appropriate execution of contract requirements).	Compliance in all Areas
<b>Parents were satisfied with camp communication</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	85%
<b>Families enjoyed the overall camp experience</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
Better Off?	FY2023 Target
<b>Families felt their children were safe while at camp</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families were satisfied with the learning activities offered</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families report their children enjoyed their camp experience</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%
<b>Families were satisfied with the camp activities</b> (as measured by families reporting “good” or “great” on the Summer Camp satisfaction survey).	90%

## Attachment F

### Data and Reporting

Characteristics of Children	
Data Requirement	Data Collection Tool
<p><b>Participant Demographics:</b> Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>• Child ID (unique child identifier)</li> <li>• Family ID (unique family identifier)</li> <li>• Scholarship Type (i.e., Full or Partial)</li> <li>• Enrollment Criteria for Scholarship (i.e., below 200% FPL, IEP and/or 504 plans, in foster care, kinship care, under in-home case management, family receiving SNAP benefits, between 200% - 400% FPL)</li> <li>• Number of days of expected attendance as reported by the parent/caregiver.</li> <li>• Residence City (note, must be Alachua County)</li> <li>• Residence ZIP (note, must be Alachua County)</li> <li>• Age at Enrollment</li> <li>• Grade (i.e., K-12)</li> <li>• School Name</li> <li>• Race (i.e., American Indian or Alaskan, Asian, Black or African American, Pacific Islander, White, Multiracial, Other)</li> <li>• Ethnicity (i.e., Hispanic or Non-Hispanic)</li> <li>• Gender</li> <li>• Parent/Caregiver Language Spoken</li> </ul>	<p>Provider will ensure completion of the CTAC <a href="#">Child Enrollment Form</a> for each child receiving a scholarship to support submission of data to CTAC.</p> <p>Provider will submit data listed for each individual child through a data collection tool provided by CTAC.</p>
<p><b>Why does the Trust collect child demographics?</b>            Collecting demographics information helps us to learn more about who we are serving to determine whether we are equitably distributing resources and see if services are being received by the intended population.</p>	
Participation	
Data Requirement	Data Collection Tool
<p><b>Program Participation:</b> Providers are expected to collect and report the following on each child served individually:</p>	<p>Provider will develop, collect, and maintain attendance forms to support the collection of data to be submitted to CTAC.</p> <p>Provider will submit participation data listed for</p>

<ul style="list-style-type: none"> <li>• Number of days the child attends for each week the program operated</li> <li>• Participation in fieldtrips (if applicable)</li> <li>• Participation in family engagement events/activities (if applicable)</li> </ul>	each individual child through a data collection tool provided by CTAC.
<p><b>Why does the Trust collect program participation?</b> Collecting participation data allows us to see how much services are received for payment purposes and to determine the level of child and family engagement in programming.</p>	
<b>Quality Assurance</b>	
Data Requirement	Data Collection Tool
<u>Participant Records</u> : Providers will maintain a file for each child enrolled including enrollment, scholarship eligibility verification, consent, and image release forms.	Site records
<u>Verification of scholarship eligibility</u> : Providers are expected to verify scholarship eligibility and maintain documentation as outlined in the Child Enrollment Form.	Site records
<u>Personnel Records</u> : Providers will maintain a personnel file for each staff involved in the program, including in-kind staff and volunteers. Each file should contain, at minimum, background screening results, proof of required trainings, and any required certifications or licensures, including the Affidavit of Good Moral Character.	<u>Staff Qualifications</u> : Providers are expected to hire and retain staff and subcontractors with the necessary qualifications/credentials. Providers are expected to produce proof of required experience, education, and certifications/licensures as specified in Scope of Services.
<u>Satisfaction Survey</u> : Providers are expected to conduct a satisfaction survey with all families who receive services and encourage full participation. Providers should strive for completion rates of at least 70%, to allow for more meaningful and representative results.	Providers may administer the <a href="#">survey</a> to families electronically, on paper, or using both methods.  Providers will enter in surveys administered on paper through an individualized link provided by CTAC.
<p><b>Why does the Trust require program quality information?</b> The Trust wants to ensure all providers it funds are operating a safe and high-quality program. The Trust seeks parent and child input to assess and make improvements in future programming.</p>	

Due Date	What to Report
15 <sup>th</sup> of Each Month	- Invoice based on actual attendance and enrollment
August 31 <sup>st</sup>	- Finalized participant data (demographics, attendance, surveys) - Provider End of Summer Narrative survey
September 15 <sup>th</sup>	- Final Invoice

## Overnight Travel Policy Checklist



1. Provide affidavit letter(s) for the following:
  - a. Background check requirements for the state in which travel will take place have been reviewed prior to scheduled trip.
  - b. Vehicles being used to transport youth be in good repair and each passenger shall have a working seatbelt, shoulder harness, and be properly restrained.
  - c. Appropriate driver licenses for class of vehicles being driven. Vehicles are not over capacity between passengers and luggage being carried.
2. Provide a list with names and ages of chaperones as well as youth and their ages (Minimum age for overnight – 12 years old)
3. Provide trip ratio of adults to youth, at a minimum at least one same gendered adult shall be present for each gender of participants.
4. Provide sleeping arrangement plan.
5. Provide documentation of the following:
  - a. Insurance – minimum as set forth in contract including non-owned vehicle up to \$1,000,000.
  - b. Minimum amount of coverage to also include general and professional liability coverage for overnight supervision.
  - c. Ensure provider informs carrier that the general liability coverage is for overnight trips.
6. Submit documentation of completion of safety training provided by the Trust or other entity.
7. Provide copy of medical screening, permission slip and emergency plan.

Please note this checklist is not meant to substitute your organization's travel policy. It is to be used as an aid in planning your Trust funded trip.



**FIRST RENEWAL TO AGREEMENT NO. 13382 FOR CTAC  
BETWEEN THE CHILDREN’S TRUST OF ALACHUA COUNTY AND  
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**

THIS **FIRST RENEWAL TO AGREEMENT**, made and entered into this 17 day of April A.D. 2023, between the Children’s Trust of Alachua County, an independent taxing district in Alachua County, hereinafter referred to as the “CTAC,” and ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida, corporation organized under the laws of the State of Florida, hereinafter called the "Cou-nty". Collectively hereinafter CTAC and the Agency are referred to as the “Parties”.

**WITNESSETH:**

**WHEREAS**, pursuant to Request for Funding Proposals 2022-03 the Parties hereto previously entered into the *Agreement No. 13382 for CTAC between the Children’s Trust of Alachua County and Alachua County Board of County Commissioners.*, dated June 6, 2022 (the “Agreement”) for the provision of the CTAC providing funds to the Agency for their program, Cuscowilla Day Camp; and,

**WHEREAS**, pursuant to the Agreement, the Agency has requested to extend the term of the Agreement through August 31, 2023; and

**WHEREAS**, the CTAC deems it in the best interest of the Parties to extend the term of the Agreement as requested by the Agency,

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree to amend the Agreement as follows:

**SECTION 1.** of the Agreement, **Term**, is amended in its entirety to read:

A. This Agreement shall commence on April 1<sup>st</sup>, 2023, and continue through and including August 31<sup>st</sup>, 2023, unless earlier terminated, as provided herein. CTAC performance and obligation to pay under this agreement is contingent upon a specific annual appropriation by the Children's Trust of Alachua County. The parties hereto understand that this Agreement is not a commitment of future appropriations.

**SECTION 2.** Scope of services is amended to include updated scope of services referenced as attachment A.

**SAVE and EXCEPT** as expressly amended herein, all other terms and provisions of the original Agreement between the parties shall be and remain in full force and effect.

**SECTION 3.** of the Agreement, **Maximum Indebtedness**, is here by amended in its entirety to read:

- A. The maximum indebtedness under this agreement is (FORTY-ONE THOUSAND AND ONE HUNDRED DOLLARS (\$41,100) for (2023) contract year.

**SECTION 4.** of the Agreement, **Billing and Compensation**, is here by amended in its entirety to read:

- A. For the performance of the services detailed in Section 2 of this Agreement of the CTAC shall pay the Agency an amount not to exceed (\$41,100) as specified in the Program Budget in **Attachment B**.

- B. Compensation. CONTRACTOR will be paid by the CTAC for the Services as follows:

1. Advance Payment – Upon completion of Deliverable 1 in **Attachment D** the Contractor may invoice the CTAC for an advance payment of 25% of the scholarship amount as listed on Form 2- Site Profile. The Contractor will not receive any additional payments until the advance has been trued up with actual services delivered.

2. Subsequent payments will be made on a monthly basis based on each site's weekly enrollment. To be considered enrolled, proper demographic information and at least on day of attendance in the week the child is enrolled is required (see Data and Reporting, **Attachment F**)

3. Enrollment Fees will be reimbursed in the same manner as in #2 above.

4. Materials and Field Trips will be reimbursed on a cost-reimbursement basis.

C. Submission of the Contractor's invoice for final payment shall further constitute the Contractor's representation to the CTAC that, upon receipt by the Contractor of the amount invoiced, all obligations of the Contractor to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another contractor, and that the services provided served a public purpose. The Contractor shall submit invoices via e-mail to [invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us), or to the CTAC at the following address.

D. In the event that the CTAC becomes credibly informed that any representations of relating to payment are wholly or partially inaccurate, the CTAC may withhold payment of sums then or in the future otherwise due to the Contractor until the inaccuracy, and the cause thereof, is corrected to the CTAC's reasonable satisfaction.

E. Payments for all sums are contingent upon meeting the deliverables described in Attachment D: Deliverables and the approval of all supporting documentation required by the CTAC. All invoices shall contain the following statement "This request for payment is subject to Section 837.06 Florida Statutes." Invoices for payment shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

F. The Contractor shall submit invoices by the 15th of every month and its final invoice for the grant period by September 15th of each year. The CTAC has no obligation to provide reimbursement to the Contractor for invoices which include expenses incurred in any previous grant period if submitted after October 15, 2022.

G. Invoice payments shall be sent to:

Alachua County Board of County Commissioners  
12 SE 1<sup>st</sup> Street  
Gainesville, FL 32601

IN WITNESS WHEREOF, the parties have caused this **First** Renewal to Agreement to be executed for the uses and purposes therein expressed on the day and year first above written.

**CHILDREN’S TRUST OF ALACHUA COUNTY**

Marsha Kiner

By: Marsha Kiner (Apr 17, 2023 15:17 EDT)

Marsha Kiner  
Executive Director  
Date: April 17, 2023

APPROVED AS TO FORM

Bob Swain  
Bob Swain (Apr 13, 2023 11:15 EDT)

Attorney for CTAC

**BOARD OF COUNTY COMMISSIONERS  
ALACHUA COUNTY, FLORIDA**

By: Anna Prizzia  
Anna Prizzia, Chair  
Date: Apr 6, 2023

ATTEST:

J.K. Irby  
J.K. “Jess” Irby, Esq., Clerk  
(SEAL)

APPROVED AS TO FORM:  
DocuSigned by:  
Diana Johnson  
95F97AC16776481  
Alachua County Attorney's Office

**INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE CONTRACTS. IF A NATURAL PERSON, THEN YOUR SIGNATURE SHOULD BE NOTARIZED. SAMPLE FORMATS FOR NOTARY ARE AVAILABLE ON THE INTRANET UNDER THE PURCHASING/PROCUREMENT SECTION.**

**FUNDING SOURCE**

<b>FISCAL YEAR</b>	<b>AMOUNT</b>	<b>ACCOUNT NO.</b>
<b>2023</b>	<b>\$41,100</b>	<b>001.15.1500.569.82.22</b>

**Section 1: Site Profile: Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site Summary section. At least one site is required for application to be considered complete**

**1.Site Information**

<b>Organization Name</b>	Alachua County Parks and Open Space		
<b>Site Name</b>	Cuscowilla Nature and Retreat Center		
<b>Site Address</b>	210 SE 134th Ave Micanopy, FL 32667		
<b>Site Contact Name/Phone/E-mail:</b>	Jamie Bass / 352- 574- 2372/ jboss@alachuacounty.us		
<b>Site Enrollment Phone # and Website</b>	<a href="https://alachuacounty.us/news/article/pages/Cuscowilla-Summer-Camp-Registration-2022.aspx">https://alachuacounty.us/news/article/pages/Cuscowilla-Summer-Camp-Registration-2022.aspx</a>		
<b>Social Media Links (Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year	2-6		
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date: 6/5/23 End Date: 7/28/23	# Of Weeks of Programming: 8 Hours of operations: 8am - 5:30	Additional Details:

**Summer 2023**

**Days of Youth Programming to Be Offered**

Please add a "x" for each day summer camp programming will be offered:

June 2023							July 2023							August 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
28	29	30	31*	1	2	3	2	3	4	5	6	7	8			1	2	3	4	5
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	6	7	8	9	10	9	10	11	12	13	14	15	6	7	8	9	10*	11	12
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	12	13	14	15	16	17	16	17	18	19	20	21	22	13	14	15	16	17	18	19
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	19	20	21	22	23	24	23	24	25	26	27	28	29	20	21	22	23	24	25	26
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	26	27	28	29	30	1	30	31						27	28	29	30	31		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\*School ends on May 31, 2023  
 June 19<sup>th</sup> is Juneteenth  
 July 4<sup>th</sup> is Independence Day  
 \*School starts on August 10, 2023

<p><b>Expected Attendance of Children</b> Describe expected attendance of children at your program. How many days per week will they attend? How many hours in a day will they attend? How many weeks will they attend?</p>	<p><b>Hours per Day:</b> 9                      <b>Days per Week:</b> 5                      <b># of weeks expected to attend:</b> 8</p>
<p><b>Site Description:</b> Provide a brief description of the facility, including amenities, number of rooms, maximum occupancy, and any other information to show that the facility can safely meet the needs of children during the summer</p>	<p>Cuscowilla offers an Olympic sized, fenced in swimming pool, air conditioned classrooms, dining hall to house over 100 during meal times, game room with air hockey, ping pong and more, basketball courts, fishing and boating dock with a pond, archery range, and a large field to accommodate large games.</p>
<p><b>Executive Summary:</b> Provide an executive summary of the program and services offered at this site (100 words or less). This summary will be used in reports and promotional materials developed by CTAC</p>	<p>Cuscowilla Nature and Retreat Center is located on 200 acres in Micanopy, FL and is home to many wildlife species. Children will be immersed in nature as they experience Day Camp. Campers will participate in activities such as swimming, fishing, boating, archery, arts and crafts, and so much more!</p>
<p><b>Site Staffing:</b> Describe how your site will provide appropriate staffing to ensure safe and enriching programming. Refer to the RFP guidelines as staffing requirements including positions and ratios when completing site staffing.</p>	<p>We will provide a ratio of 1:8 staff members as well as specialized staffing to provide optimal programming. Each group will have 2 adults and no more than 15 campers at all times on site.</p> <p>Specialized program such as archery, climbing wall and swimming will have current certified staff conducting the activities.</p> <p>Staff will undergo an interview, reference check and level 2 background check, which includes finger printing prior to being on site. All staff will participate in staff training week prior to camps start date to ensure their knowledge with procedures and polices.</p> <p>Staff over 18 will complete First Aid/ CPR/ AED certification prior to camp start date. A certified personnel will be with campers at all times.</p>

# 1. Site Budget Summary

Site Name Cuscowilla Nature and Retreat Center			
Budget Item	Description	Request Amount	Additional details to support request including justification of requested amount. This section must be completed.
Enrollment/Registration Fees	CTAC will cover a one-time enrollment and/or registration fee per child receiving a CTAC scholarship. Complete the following fields to calculate request amount: A) Cost per enrollment fee requested from CTAC: B) # Of children to receive enrollment fees: C) Enrollment Fee request amount (A X B=C)	\$0	
Scholarships (Full)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals, etc.) Complete the following fields to calculate request amount: A) Cost per Scholarships (Full) requested from CTAC: \$100 B) # Of children to receive Scholarships (Full): 50 C) # Of weeks children are expected to attend camp: 8 D) Scholarships (Full) Total (A X B X C): \$40,000	\$40,000	
Scholarships (Partial)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals etc.). Complete the following fields to calculate request amount: A) Cost per Scholarships (Partial) requested from CTAC: B) # Of children to receive Scholarships (Partial): C) # Of weeks children are expected to attend camp: D) Scholarships (Partial) Total (A X B X C):	\$0	
Materials	CTAC will cover the costs of materials of full/partial scholarship children to participate in summer camp activities. The reimbursement of material is based on the ratio of CTAC sponsored children. The CTAC logo should be added to material where applicable on all SWAG items i.e., water bottles, T-shirts, and bags. The proof/mockup from the vendor must be included with your reimbursement request.	\$0	
Fieldtrip	CTAC will cover the costs of full/partial scholarship children to participate in field trips including admission costs. All field trip expenses will include copies of field trip attendance for verification. Proof of attendance must be submitted with the request for reimbursement. Please refer to the checklist and information in the provider handbook before submitting reimbursement request for field trips.	\$1,100	Cost per field trip is \$55 plus tax at 20 kid

Transportation	CTAC will only cover the cost of scholarship recipients that attended the day of the field trip. These expenses for buses, vehicle rentals, gas etc. Vehicle rentals are limited to charters and vans Transportation costs excluding gratuity and insurance coverage will be reimbursed. A detailed travel/mileage log documenting vehicle use for necessary summer camp travel must be maintained by the provider. Include this log with transportation reimbursement requests.	\$0	
Background Checks	CTAC will cover the costs for all staff to receive Level 2 background checks.	\$0	
<b>Site 1 Total Request:</b>		<b>\$41,100</b>	

**Section 2: Site Profile: Skip this section if no more site profiles are needed. Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site and Budget Summary section. At least one site is required for application to be considered complete**

**2.Site Information**

<b>Organization Name</b>			
<b>Site Name</b>			
<b>Site Address</b>			
<b>Site Contact Name/Phone/E-mail:</b>			
<b>Site Enrollment Phone # and Website</b>			
<b>Social Media Links (Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> Note: Grades served should reflect year child would enter in the 2023-24 school year			
<b>Site Dates and Hours of Operations</b> Provide specific dates and hours of operations camp services will be offered	Start Date:	# of Weeks of Programming:	Additional Details:
	End Date:	Hours of operations:	



## Attachment B-1

## Section 5: Site and Budget Summary

Site Name	Enrollment/Registration Fees		Scholarships (Full)		Scholarships (Partial)		Materials	Fieldtrips	Transportation	Background Checks	SiteTotal Request
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
Cuscowilla Nature Center and Retreat			50	\$40,000				\$1,100			\$41,100
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
	# Of children:	Amount:	# Of children:	Amount:	# Of children:	Amount:					
<b>Total</b>			50	\$40,000				\$1,100			\$41,100

**Attachment C: Insurance Requirement  
TYPE "B" INSURANCE REQUIREMENTS  
"Professional or Consulting Services"**

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, their agents, representatives, employees, or subcontractors.

**I. COMMERCIAL GENERAL LIABILITY.**

Coverage must be afforded under a per occurrence form policy for limits not less than \$200,000 General Aggregate, \$300,000 Products/Completed Operations Aggregate, \$300,000 Personal and Advertising Injury Liability, \$200,000 each Occurrence, \$50,000 Fire Damage Liability, and \$5,000 Medical Expense.

**II. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY.**

- A. Coverage to apply for all employees at STATUTORY limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.
- B. Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**III. PROFESSIONAL LIABILITY or ERRORS AND OMISSIONS LIABILITY (E&O).**

Professional (E&O) Liability must be afforded for not less than \$200,000 each claim, \$300,000 policy aggregate, required for Capital but not for Services.

**IV. OTHER INSURANCE PROVISIONS.**

A. All Coverages

1. The Contractor shall provide a Certificate of Insurance to the Children's Trust of Alachua County with a thirty (30) day notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under "claims made" form the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.
2. Contractors shall include all subcontractors as insured under its policies. All subcontractors shall be subject to the requirements stated herein.

**CERTIFICATE HOLDER: Children's Trust of Alachua County**

**Attachment C1: Insurance Requirement  
Certificate of Insurance**

**Attachment D  
Deliverables**

DATE RANGE	DELIVERABLE	EVIDENCE	DUE DATE(S)
Date of Award ☐ April 1 2022	1. Program Preparation	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Affidavit Letter outlining screening of all staff and volunteers. <input type="checkbox"/> Verified in Philanthropy Hub (Nonprofits only)	May 15, 2022
April 2022	2. Attend CTAC Summer Provider training	<input type="checkbox"/> Training attendance	April 20, 2022
May ☐ August 30th, 2022	3. Implement the program in a safe and supportive environment  # of days # of students	<input type="checkbox"/> Sign In/Sign Out Sheets <input type="checkbox"/> Monthly Invoice	Due 15 <sup>th</sup> of every month
May ☐ August 30th, 2022	4. Submit child demographics and weekly program attendance including participation in field trips and family engagement activities as applicable.	<input type="checkbox"/> Submission on CTAC provided data collection spreadsheets or tools	Due 15 <sup>th</sup> of every month
August 15 <sup>th</sup> , 2022	5. Submit End of Program Narrative	<input type="checkbox"/> End-of-Program Narrative <input type="checkbox"/> Satisfaction Surveys	August 15 <sup>th</sup> , 2022

NOTE: An Affidavit Letter is a letter on Contractor letterhead and clearly states that all staff and volunteers have completed the screening and completed Affidavits of Good Moral Character prior to the commencement of the program.

**Attachment E  
Performance Measures**

Quantity: How much?	FY22 Target
Number of children enrolled ☐ full and partial scholarships	200
Number of program days	40
Quality/Effort: How well are services provided?	FY22 Target
Weekly Attendance 100% of enrolled children who attend at least 1 day per week for the expected program length	90%
Site Monitoring (developed by CTAC staff)	Fully Compliant
Client Benefits: Is anyone better off?	
Children who enjoyed camp activities	80%
Parents satisfied with registration process	75%
Parents satisfied with camp activities	85%
Parents felt their kids were safe at camp	90%
Parents satisfied with camp communication	80%
Families enjoyed the overall camp experience	85%

**Attachment F  
Data and Reporting**

<b>PARTICIPANT DATA</b>	
<b>DATA REQUIREMENT</b>	<b>Data Collection Tool</b>
<p><u>Participant Demographics</u>: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>● Unique Identifier</li> <li>● Scholarship Type (i.e., Full or Partial)</li> <li>● Scholarship Amount (i.e., weekly rate)</li> <li>● Enrollment Criteria for Scholarship (i.e., at or below 200% FPL, IEP and/or 504 plans, in foster care, in kinship care, under in-home case management, family receiving SNAP benefits, between 200% - 400% FPL)</li> <li>● Residence City (note, must be Alachua County)</li> <li>● Residence ZIP (note, must be Alachua County)</li> <li>● Age at Enrollment</li> <li>● Grade (i.e., K-12)</li> <li>● School Name</li> <li>● Race (i.e., American Indian or Alaskan, Asian, Black or African American, Pacific Islander, White, Multiracial, Other)</li> <li>● Ethnicity (i.e., Hispanic or Non-Hispanic)</li> <li>● Gender</li> <li>● Parent Language</li> </ul>	<p>Provider will develop, collect, and maintain child enrollment forms to support the collection of deidentified data to be submitted to CTAC.</p> <p>Provider will submit data listed for each individual child through a data collection tool provided by CTAC.</p>
<p><u>Program Participation</u>: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>● Number of days the child attended the program for each week the program operated</li> <li>● Participation in fieldtrips (if applicable)</li> <li>● Participation in family engagement events/activities (if applicable)</li> </ul>	<p>Provider will develop, collect, and maintain attendance forms to support the collection of data to be submitted to CTAC.</p> <p>Provider will submit participation data listed for each individual child through a data collection tool provided by CTAC.</p>

<b>PROGRAM QUALITY MEASURES</b>	
<b>DATA REQUIREMENT</b>	<b>Data Collection Tool</b>
<p><u>Verification of scholarship eligibility</u>: Providers are expected to verify scholarship eligibility.</p>	Site records
<p><u>Satisfaction Survey</u>: Providers are expected to administer child/youth and parent satisfaction surveys summer.</p>	CTAC provided data collection tool.
<p><u>Participant Records</u>: Providers shall maintain a file for each child enrolled including enrollment, program consent, and image release forms.</p>	Site records

PROGRAM QUALITY MEASURES	
DATA REQUIREMENT	Data Collection Tool
<p><u>Personnel Records</u>: Providers shall maintain a personnel file for each staff involved in the program, including in-kind staff and volunteers. Each file should contain, at a minimum, background screening results, proof of required trainings, and any required certifications or licensures, including the Affidavit of Good Moral Character.</p>	<p><u>Staff Qualifications</u>: Providers are expected to hire and retain staff and subcontractors with the necessary qualifications/credentials. Providers are expected to produce proof of required experience, education, and certifications/licensures as specified in Scope of Services</p>

	Due Date*	What to Report
Summer Camp	15 <sup>th</sup> of Each Month	<ul style="list-style-type: none"> <li>- Invoice based on actual attendance and enrollment</li> <li>- Prior month's new participant demographics, attendance data</li> </ul>
	September 15th	<ul style="list-style-type: none"> <li>- Final report</li> <li>- Finalized participant data (demographics, attendance, surveys)</li> <li>- Provider End of Summer Reflection survey</li> <li>- Final invoice</li> </ul>

## Attachment G

### MANDATORY REPORTING OF ABUSE CHECKLIST (JUNE 2020)

#### A. WHO NEEDS TO REPORT?

In Florida, everyone is a mandatory reporter. However, there are two types of reporters:

- Mandated Reporter (General):
  - Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter. § 39.201(1)(a).
  - Any person, including but not limited to state, county, or municipal criminal justice employees or law enforcement officers, who knows or has reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited must make a report. § 415.1034(1)(a)5.
- Mandated Reporter (Professional)
  - Anyone who is legally obligated to report known abuse and must also identify themselves when reporting. These include:
    - Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission, examination, care, or treatment of persons. §§ 39.201(1)(d)1 and 415.1034(1)(a)1;
    - Health or mental health professional other than listed in paragraph above;
    - Practitioner who relies solely on spiritual means for healing, §§ 39.201(1)(d)3 and 415.1034(1)(a)3;
    - School teacher or other school official or personnel (child), § 39.201(1)(d)4;
    - Social worker, day care center worker, or other professional childcare, foster care, residential or institutional worker (child), § 39.201(1)(d)5;
    - Nursing home staff; assisted living facilities staff; adult day care center staff etc. (vulnerable adults), § 415.1034(1)(a)4;
    - Employees of Department of Business and Professional Regulation conducting inspections of public lodging establishments, § 415.1034(1)(a)6;
    - Law enforcement officer, §§ 39.201(1)(d)6 and 415.1034(1)(a)5; Judge, § 39.201(1)(d)(7) and 415.1034(1)(a)5; and



- Mediators. § 44.405(4)(a)3.
- Note: An officer or employee of the judicial branch is not required to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided that there is reasonable cause to believe that the information is already known to the department. This paragraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties. § 39.201(1)(f)

## B. WHAT NEEDS TO BE REPORTED?

### • **Child Abuse**

- A child in need of supervision who has no parent, legal custodian, or responsible adult. § 39.201(1)(a).
- A child abused by his or her parent, caregiver, guardian, or other person responsible for the child's welfare. § 39.201(1)(a).
- Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare. § 39.201(1)(b).
- Childhood sexual abuse or victim of a known or suspected juvenile sex offender. § 39.201(1)(c).
- If the report contains information of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older, the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. § 39.201(2)(e).
- Reports involving surrendered newborn infants shall be made and received by the department. § 39.201(1)(g).

### **Sexual Battery**

- - Section 794.027 requires a person who observes a sexual battery and who has the ability to seek assistance for the victim without being exposed to a threat of physical violence must make a report. Someone other than the victim or a spouse or close family relative of the victim or offender who is not endangered and who fails to seek assistance by reporting the offense to a law enforcement officer is guilty of a misdemeanor of the first degree.

- **Vulnerable Adult Abuse**

- Section 415.1034(1)(a)5 states that any person, including, but not limited to any state, county, or municipal criminal justice employee or law enforcement officer, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

### **C. WHO DO YOU REPORT IT TO?**

- Child and adult abuse should be reported to the Florida Department of Children and Families (DCF) through either the DCF statewide hotline (call 1-800-96-ABUSE)(1-800-962-2873) or through the DCF website at <http://reportabuse.dcf.state.fl.us>The hotline also accepts faxes at 1-800-914-0004 and web-based chats on their website. § 39.201(2)(a).
- If the abuse is by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the report will be transferred by hotline staff to the appropriate county sheriff's office. § 39.201(2)(b).
- If the alleged abuse is by a juvenile or involves a child who is in the custody or protective supervision of the department, the report shall be transferred by the hotline to the county sheriff's office. § 39.201(2)(c)1.

### **D. WHAT HAPPENS IF YOU DON'T REPORT?**

- Failure to report child abuse to DCF is a third-degree felony. § 39.205(1).
- Failure to report a sexual battery under § 749.027 is a misdemeanor of the first degree.
- Failure to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or preventing someone else from doing so is a misdemeanor of the second degree. § 415.111(1).

### **E. WHAT HAPPENS IF YOU MAKE A FALSE REPORT?**

A person who knowingly and willfully makes a false report of child abuse, abandonment, neglect, or abuse of a vulnerable adult or who advises another to make a false report is guilty of a felony of the third degree. §§ 39.205(9), 415.111(5).

However, anyone making a report who is acting in good faith is immune from any liability. §§ 39.205(9), 415.111(5)(b).












# Item #25, 23-0404, 02282023

Final Audit Report

2023-04-06

Created:	2023-03-02
By:	Steve Donahey (asd@alachuaclerk.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAygXJRcUyjlBZYCS748k-BNPkpy2UzcgD

## "Item #25, 23-0404, 02282023" History

-  Document digitally presigned by DocuSign\, Inc. (enterprisesupport@docusign.com)  
2023-03-01 - 7:22:55 PM GMT- IP address: 216.194.145.253
-  Document created by Steve Donahey (asd@alachuaclerk.org)  
2023-03-02 - 5:33:29 PM GMT- IP address: 216.194.145.253
-  Document emailed to bocchairsignature@alachuacounty.us for signature  
2023-03-02 - 5:34:17 PM GMT
-  Email viewed by bocchairsignature@alachuacounty.us  
2023-03-02 - 5:34:59 PM GMT- IP address: 174.228.170.3
-  Email viewed by bocchairsignature@alachuacounty.us  
2023-04-06 - 8:39:45 PM GMT- IP address: 149.19.43.13
-  Signer bocchairsignature@alachuacounty.us entered name at signing as Anna Prizzia  
2023-04-06 - 8:40:06 PM GMT- IP address: 149.19.43.13
-  Document e-signed by Anna Prizzia (bocchairsignature@alachuacounty.us)  
Signature Date: 2023-04-06 - 8:40:08 PM GMT - Time Source: server- IP address: 149.19.43.13
-  Document emailed to jki@alachuaclerk.org for signature  
2023-04-06 - 8:40:09 PM GMT
-  Email viewed by jki@alachuaclerk.org  
2023-04-06 - 8:41:50 PM GMT- IP address: 216.194.145.253
-  Signer jki@alachuaclerk.org entered name at signing as J.K. "Jess" Irby, Esq.  
2023-04-06 - 8:42:07 PM GMT- IP address: 216.194.145.253
-  Document e-signed by J.K. "Jess" Irby, Esq. (jki@alachuaclerk.org)  
Signature Date: 2023-04-06 - 8:42:09 PM GMT - Time Source: server- IP address: 216.194.145.253

✔ Agreement completed.

2023-04-06 - 8:42:09 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.


# 13382-Childrens Trust Agreement for Day Camp at Cuscowilla Nature and Retreat Centesigned

Final Audit Report


2023-04-17

Created:	2023-04-11
By:	Deon Carruthers (dcarruthers@childrenstrustofalachuacounty.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAF76Nw6XAEi-xRDU-Ki3qjQOJs9tzHNG


## "13382-Childrens Trust Agreement for Day Camp at Cuscowilla Nature and Retreat Centesigned" History

 Document created by Deon Carruthers (dcarruthers@childrenstrustofalachuacounty.us)

2023-04-11 - 1:41:07 PM GMT - IP address: 163.120.80.69

 Document emailed to Bob Swain (bswain@alachuacounty.us) for signature

2023-04-11 - 1:42:42 PM GMT

 Email viewed by Bob Swain (bswain@alachuacounty.us)

2023-04-13 - 3:12:17 PM GMT - IP address: 149.19.43.13

 Document e-signed by Bob Swain (bswain@alachuacounty.us)

Signature Date: 2023-04-13 - 3:15:29 PM GMT - Time Source: server- IP address: 163.120.80.11

 Document emailed to mkiner@childrenstrustofalachuacounty.us for signature


2023-04-13 - 3:15:30 PM GMT

 Email viewed by mkiner@childrenstrustofalachuacounty.us


2023-04-13 - 5:23:28 PM GMT - IP address: 104.28.132.121

 Email viewed by mkiner@childrenstrustofalachuacounty.us

2023-04-17 - 7:13:42 PM GMT - IP address: 149.19.43.13

 Signer mkiner@childrenstrustofalachuacounty.us entered name at signing as Marsha Kiner

2023-04-17 - 7:17:09 PM GMT - IP address: 149.19.43.13

 Document e-signed by Marsha Kiner (mkiner@childrenstrustofalachuacounty.us)

Signature Date: 2023-04-17 - 7:17:11 PM GMT - Time Source: server- IP address: 149.19.43.13

✔ Agreement completed.

2023-04-17 - 7:17:11 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.









# 13382-BOCC #2 Contract Amendment COLA etc\_

Final Audit Report

2023-05-10

Created:	2023-05-10
By:	Deon Carruthers (dcarruthers@childrenstrustofalachuacounty.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAApRjyMM9kk-9ZK9jPNf8OgntUblx53OG6

## "13382-BOCC #2 Contract Amendment COLA etc\_" History

-  Document created by Deon Carruthers (dcarruthers@childrenstrustofalachuacounty.us)  
2023-05-10 - 5:05:52 PM GMT- IP address: 163.120.80.11
-  Document emailed to Bob Swain (bswain@alachuacounty.us) for signature  
2023-05-10 - 5:09:45 PM GMT
-  Email viewed by Bob Swain (bswain@alachuacounty.us)  
2023-05-10 - 7:36:26 PM GMT- IP address: 163.120.80.69
-  Document e-signed by Bob Swain (bswain@alachuacounty.us)  
Signature Date: 2023-05-10 - 7:37:12 PM GMT - Time Source: server- IP address: 163.120.80.69
-  Document emailed to Marsha Kiner (mkiner@childrenstrustofalachuacounty.us) for signature  
2023-05-10 - 7:37:15 PM GMT
-  Email viewed by Marsha Kiner (mkiner@childrenstrustofalachuacounty.us)  
2023-05-10 - 10:04:42 PM GMT- IP address: 149.19.43.13
-  Document e-signed by Marsha Kiner (mkiner@childrenstrustofalachuacounty.us)  
Signature Date: 2023-05-10 - 10:05:07 PM GMT - Time Source: server- IP address: 149.19.43.13
-  Agreement completed.  
2023-05-10 - 10:05:07 PM GMT

RESOLUTION 22-58

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA TO RECOGNIZE AND RECEIVE UNANTICIPATED REVENUE FROM THE CHILDREN'S TRUST OF ALACHUA COUNTY FOR SUMMER PROGRAMMING AT CUSCOWILLA NATURE AND RETREAT CENTER; PROVIDING AN EFFECTIVE DATE.

WHEREAS, it is necessary to receive unanticipated revenue in the General Fund from the Children's Trust of Alachua County in order to use these funds for camp programming.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA:

1. By adoption of this resolution and the attached budget amendment, the Board of County Commissioners of Alachua County, Florida, hereby appropriates and permits the revenue and expenditure of the funds described herein as attached budget amendment.
  
2. This resolution shall take effect immediately upon its adoption.

DULY ADOPTED in regular session, this 24th day of May, 2022.

BOARD OF COUNTY COMMISSIONERS OF  
ALACHUA COUNTY, FLORIDA

By: Marihelen Wheeler  
Marihelen Wheeler, Chair



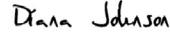
ATTEST:



\_\_\_\_\_  
J. K. "Jess" Irby, Esq., Clerk

APPROVED AS TO FORM:

DocuSigned by:



9E79ZAC467Z6481

\_\_\_\_\_  
Sylvia Torres  
Alachua County Attorney

# ALACHUA COUNTY BOCC

## Journal Edit Listing Sort By Entry

Department	Number	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification	Journal Type
4100 - Parks and Open Space Dept	2022-00002257	BA	GL	04/29/2022	BCC: Parks - Budget unanticipated revenue from CTAC				

<i>G/L Date</i>	<i>G/L Account Number</i>	<i>Account Description</i>	<i>Description</i>	<i>Source</i>	<i>Increase Amount</i>	<i>Decrease Amount</i>
04/29/2022	001.41.4126.337.7010	Grants from Local Units Cuscowilla Scholarships	BCC: Parks - Budget unanticipated revenue from CTAC		85,400.00	.00
04/29/2022	001.41.4126.572.12.10	Regular Salaries Salary Adj for Budgeting Only	BCC: Parks - Budget unanticipated revenue from CTAC		42,700.00	.00
04/29/2022	001.41.4126.572.52.00	Operating Supplies Operating Supplies Project: 6204104-Operations - Cuscowilla Park, Operational Expenses	BCC: Parks - Budget unanticipated revenue from CTAC		42,700.00	.00
Number of Entries: 3					\$170,800.00	\$.00

**CONTRACT FOR SERVICES NO. 13382**  
**BETWEEN**  
**THE CHILDREN'S TRUST OF ALACHUA COUNTY**  
**AND ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**

THIS CONTRACT (□ Agreement □) is made and entered into this day of June 6, A.D., 20<sup>22</sup> by and between the Children's Trust of Alachua County, an independent taxing district in Alachua County, hereinafter referred to as the □ CTAC □, and ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida, hereinafter called the □ County □ Collectively hereinafter CTAC and the County are referred to as the □ Parties □

**WITNESSETH:**

**WHEREAS**, the CTAC is authorized under § 125.901, Fla. Stat., and § 26.01, Fla. Stat., *et. seq.* Alachua County Code of Ordinances, for the purpose of providing children's services throughout Alachua County; and,

**WHEREAS**, the CTAC is charged with providing for a number of developmental and supportive services for children as set forth in § 125.901, Fla. Stat.; and,

**WHEREAS**, CTAC is desirous of entering into an Agreement with the County to support certain programs (□ Programs □) and its services provided by the County;

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree as follows:

**Section 1.      Term:**

This Agreement shall commence on April 1<sup>st</sup>, 2022, and continue through and including September 30<sup>th</sup>, 2022, unless earlier terminated, as provided herein. CTAC performance and obligation to pay under this Agreement is contingent upon a specific annual appropriation by the Children's Trust of Alachua County. The Parties hereto understand that this Agreement is not a commitment of future appropriations.

**Section 2.      Scope of Services:**

The Services will be performed by County as specified in **Attachment A: Scope of Services**, attached hereto and incorporated herein (□ Services □). County's performance will be measured in accordance with **Attachment E**, a copy of which is attached hereto, and as otherwise provided herein.

**Section 3. Maximum Indebtedness:**

The maximum indebtedness under this Agreement is EIGHTY-FIVE THOUSAND AND FOUR HUNDRED DOLLARS (\$85,400).

**Section 4. Billing and Compensation:**

A. For the performance of the Services detailed in Section 2 of this Agreement of the CTAC shall pay the Agency an amount not to exceed ((\$5,400)) as specified in the Program Budget in **Attachment B**, a copy which is attached hereto.

B. Compensation. The County will be paid by the CTAC for the Services as follows:

1. Advance Payment  Upon completion of Deliverable 1 in **Attachment D**. Deliverables, attached hereto the County may invoice the CTAC for an advance payment of 25% of the scholarship amount as listed on Form 2- Site Profile. The Contractor will not receive any additional payments until the advance has been trued up with actual services delivered.
2. Subsequent payments will be made on a monthly basis based on each site's weekly enrollment. To be considered enrolled, proper demographic information and at least on day of attendance in the week the child is enrolled is required (see Data and Reporting, **Attachment F**)
3. Enrollment Fees will be reimbursed in the same manner as in #2 above.
4. Materials and Field Trips will be reimbursed on a cost-reimbursement basis.

C. Submission of the County's invoice for final payment shall further constitute the County's representation to the CTAC that, upon receipt by the County of the amount invoiced, all obligations of the County to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another contractor, and that the services provided served a public purpose. The County shall submit invoices via e-mail to [invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us), or to the CTAC at the following address.

Children's Trust of Alachua County  
PO Box 5669  
Gainesville, FL 32627

A. In the event that the CTAC becomes credibly informed that any representations of relating to payment are wholly or partially inaccurate, the CTAC may withhold payment of sums then or in the future otherwise due to the County until the inaccuracy, and the cause thereof, is corrected to the CTAC's reasonable satisfaction.

B. Payments for all sums are contingent upon meeting the deliverables described in **Attachment D: Deliverables**, attached hereto, and the approval of all supporting documentation required by the CTAC. All invoices shall contain the following statement: "This request for payment is subject to Section 837.06 Florida Statutes." Invoices for payment shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

C. The County shall submit invoices by the 15th of every month and its final invoice for the grant period by October 15th of each year. The CTAC has no obligation to provide reimbursement to the County for invoices which include expenses incurred in any previous grant period if submitted after October 15, 2022.

D. Invoice payments shall be sent to:

Alachua County Board of County Commissioners  
12 SE 1st Street  
Gainesville, FL 32601

**Section 5. Audit, Records, and Reporting:**

A. The County agrees to:

- 1) Maintain financial records and reports relating to the utilization of funds.
- 2) Maintain books, records, documents, invoices, and other evidence and accounting procedures and practices such as will permit the County to sufficiently and properly reflect all direct costs of any nature associated with the Program.
- 3) Permit all such records described in 1) and 2) above to be subject to inspection, review, and audit by the CTAC.

B. Reports specified in **Attachment F** shall be submitted as described in **Attachment D**. The CTAC reserves the right to change the forms or formats of the reports without prior written notice to the County. The County shall submit these reports via email ([dcarruthers@childrenstrustofalachuacounty.us](mailto:dcarruthers@childrenstrustofalachuacounty.us)) or to CTAC following address

Children's Trust of Alachua  
County PO Box 5669  
Gainesville, FL 32627

- D. The CTAC may defer payment to the County for non-compliance with contract deliverables or Program requirements.

**Section 6. Default and Termination:**

A. The failure of the County to comply with any provision of this Agreement will place the County in default. Prior to terminating the Agreement, the CTAC will notify the County in writing. This notification will make specific reference to the provision which gave rise to the default. The CTAC will give the County seven (7) days to submit a plan for curing the default. In the event the default situation is not corrected within the allotted time or to the satisfaction of the CTAC, prior to formal termination the Parties agree to mediation of the dispute or disputes and shall participate in good faith. The mediation shall be conducted by a professional mediator mutually agreed to by the parties under the Florida mediation rules. Mediation shall be held no longer than twenty-one (21) days after the notice of default.

B. The CTAC may also terminate the Agreement without cause by providing ten (10) days written notice to the County (hereinafter, "Termination for Convenience"). The CTAC Contract Manager is authorized to provide written notice of Termination for Convenience on behalf of the CTAC. Upon such notice, the County will immediately discontinue all Services affected (unless the notice directs otherwise) and deliver to the CTAC all data, drawings, specifications, reports, estimates, summaries, and such other information and materials as may have been accumulated by the County in performing this Agreement, whether completed or in process. In the event of such Termination for Convenience, the County's recovery against the CTAC shall be limited to that portion of the amount provided in section 4 above earned through the date of termination, but the County shall not be entitled to any other or further recovery against the CTAC, including, but not limited to, damages, consequential or special damages, or any anticipated fees or profit on portions of the Services not performed.

C. If funds to finance this Agreement become unavailable, the CTAC may terminate the Agreement with no less than twenty-four (24) hours' notice in writing to the County. The CTAC will be the final authority as to the availability of funds. The CTAC will pay the County for all Services completed prior to delivery of notice of termination. In the event of such Termination, the County's recovery against the CTAC shall be limited to that portion of the amount provided in section 4 above, earned through the date of termination, but the County shall not be entitled to any other or further recovery against the CTAC, including, but not limited to, damages, consequential or special damages, or any anticipated fees or profit on portions of the Services not performed.

**Section 7. Monitoring:**

To the extent law, statute or ordinance does not limit a grant of access solely by the authority of the County, the County, by accepting public funds, agrees to permit persons duly authorized by the CTAC to inspect all records, papers, documents, facilities, goods, and services of the County and interview any employees and clients of the County to be assured of satisfactory performance of the terms and conditions of this Agreement. When applicable, the CTAC will identify any deficiencies to the County in writing and the County will prepare a corrective action plan to rectify all deficiencies noted. The County's failure to correct the deficiencies within the agreed upon time period may result in the CTAC withholding payments or the County being deemed in breach or default resulting in termination of this Agreement.

**Section 8. Modifications:**

This Agreement may be modified and amended by mutual agreement of the Parties; however, any modification shall only become effective upon incorporation of a written amendment to this Agreement, duly executed by both Parties. The Parties further agree to renegotiate this Agreement if federal and/or state revision of any applicable laws or regulations makes changes in this Agreement necessary.

**Section 9. Notices:**

A. Except as otherwise provided in this Agreement any notice of default or termination from either Party to the other Party must be in writing and sent by certified mail, return receipt requested, or by personal delivery with receipt. All notices shall be deemed delivered five (5) business days after mailing, unless by personal delivery in which case delivery shall be deemed to occur upon actual receipt by the other party. For purposes of all notices, the County and the CTAC representatives are:

CTAC: Executive Director, Children's Trust of Alachua County  
c/o Children's Trust Custodian of Public Records  
PO Box 5669  
Gainesville, FL 32627

County: Alachua County Board of County Commissioners  
Attn: County Manager  
12 SE 1st Street  
Gainesville, FL 32601

cc: Alachua County  
Attn: Cuscowilla Manager  
12 SE 1st Street  
Gainesville, FL 32601

**Section 10. Assignment of Interest:**

Neither Party will assign or transfer any interest in this Agreement without prior written consent of the other Party.

**Section 11. Independent Contractor:**

A. In the performance of this Agreement, the County will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the CTAC. The County is solely responsible for the means, method, techniques, sequence, and procedure utilized by the County in the full performance of this Agreement. Neither the County nor any of its employees, officers, agents, or any other individual directed to act on behalf of the County for any act related to this Agreement shall represent, act, or purport to act or be deemed to be the agent, representative, employee, or servant of the CTAC.

B. For Independent Contractors outside the construction industry with fewer than four employees choosing not to secure workers' compensation coverage under the Florida Workers' Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to workers' compensation benefits.

C. Policies and decisions of the County, which may be represented by the County in performance of this Agreement, shall not be construed to be the policies or decisions of the CTAC.

**Section 12. Indemnification:**

A. To the maximum extent permitted by Florida law, the Contractor shall indemnify and hold harmless the CTAC and its officers and employees from any and all liabilities, damages, losses, and costs, including, but not limited to, reasonable attorneys' fees, caused by the negligence, recklessness, or intentional wrongful misconduct of the Contractor or anyone employed or utilized by the Contractor in the performance of this Agreement. The Contractor agrees that indemnification of the CTAC shall extend to any and all Services performed by the Contractor, its subcontractors, employees, agents, servants or assigns.

B. The Contractor's obligation to indemnify under this Article will survive the expiration or earlier termination of this Agreement until it is determined by final judgment that an action against the CTAC or an indemnified party for the matter indemnified hereunder is fully and finally barred by the applicable statute of limitations.

C. This obligation shall in no way be limited in any nature whatsoever by any limitation on the amount or type of Contractor insurance coverage. This indemnification provision



shall survive the termination of the Agreement between the CTAC and the Contractor.

D. Nothing contained herein shall constitute a waiver by the CTAC of sovereign immunity or the provisions or limits of liability of § 768.28, Fla. Stat.

E. Paragraphs A-D do not apply to any Party which is a government entity protected by Sovereign Immunity under § 768.28, Fla. Stat. For those Agencies, the Parties agree that each party shall be responsible for their own negligence and that of their employees as provided under § 768.28, Fla. Stat. without any additional waiver of sovereign immunity.

**Section 13. Insurance:**

A. The County will maintain insurance throughout the entire term of this Agreement of the types and in the minimum amounts detailed in **Attachment C**, attached hereto. A current Certificate of Insurance showing coverage of the types and in the amounts required is attached hereto as **Attachment C1**.

B. Additionally, proof of automobile insurance will be required in the event the County transports children as part of their Program.

**Section 14. Laws & Regulations:**

A. The County will comply with all laws, ordinances, regulations, and building code requirements applicable to the Services required by this Agreement. The County is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the Services outlined in this Agreement. If the County is not familiar with state and local laws, ordinances, code rules and regulations, the County remains liable for any violation and all subsequent damages or fines. This section includes, but is not limited to background checks as required under Florida law for direct services involving children.

B. As described in **Attachment G**, if at any time County is aware of or suspects that abuse, neglect, or exploitation of children, disabled persons, or aged persons has occurred, as defined in Chapters 39 and 415, Florida Statutes, he/she/it is required to report immediately such known or suspected abuse or neglect to the Florida Abuse Registry by calling 1-800-962-2873.

**Section 15. E-Verify.**

Pursuant to Section 448.095, Florida Statutes, the County must register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees prior to entering into this Agreement. The County shall include in all contracts with subcontractors performing Work pursuant to this Agreement, an express requirement that subcontractors utilize the federal E-Verify system in accordance with the terms

governing use of the system to confirm employment eligibility of all new employees hired by subcontractors during the term of this Agreement. Subcontractor shall provide the County with an affidavit stating the subcontractor does not employ, contract with, or subcontract with unauthorized aliens and the County will provide a copy of such affidavit to the CTAC. If the CTAC has good faith belief that the County has violated this section the CTAC will terminate this Agreement. If the CTAC has good faith belief that a subcontractor violated this section, but the County has otherwise complied with this section, the CTAC will notify the County and the County will terminate its agreement with such subcontractor.

**Section 16. Non-Waiver:**

The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or non-compliance.

**Section 17. Severability:**

If any provisions of this Agreement shall be declared illegal, void, or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

**Section 18. Entire Agreement:**

This Agreement contains all the terms and conditions agreed upon by the Parties.

**Section 19. Collusion:**

By signing this Agreement, the County declares that this Agreement is made without any previous understanding, agreement, or connections with any persons, contractors, or corporations and that this Agreement is fair, and made in good faith without any outside control, collusion, or fraud.

**Section 20. Conflict of Interest:**

The County warrants that neither it nor any of its employees have any financial or personal interest that conflicts with the execution of this Agreement. The County shall notify the CTAC of any conflict of interest due to any other clients, contracts, or property interests.

**Section 21. Third Party Beneficiaries:**

This Agreement does not create any relationship with, or any rights in favor of, any third party.

**Section 22. Governing Law and Venue:**

This Agreement is governed in accordance with the laws of the State of Florida. Venues in Alachua County, Florida in a Court of Competent Jurisdiction.

**Section 23. Construction:**

This Agreement shall not be construed more strictly against one Party than against the other merely by virtue of the fact that it may have been prepared by one of the Parties. It is recognized that both parties have substantially contributed to the preparation of this Agreement.

**Section 24. Program Records:**

**A. General Provisions:**

1) Any document submitted to the CTAC may be a public record and is open for inspection or copying by any person or entity. □ Public records □ are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any County per § 119.011(11), Fla. Stat. Any document is subject to inspection and copying unless exempted under § 119, Fla. Stat., or as otherwise provided by law.

2) In accordance with § 119.0701, Fla. Stat., the County, *when acting on behalf of the CTAC*, as provided under § 119.012(2). Fla. Stat., shall keep and maintain public records as required by law and retain them as provided by the General Records Schedule established by the Department of State. Upon request from the CTAC's Custodian of Public Records, provide the CTAC with a copy of the requested records or allow the records to be inspected or copied within a reasonable time unless exempted under § 119, Fla. Stat., or as otherwise provided by law. Additionally, they shall provide the public records at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

3) The County shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement and following completion of this Agreement if the Professional does not transfer the records to the CTAC.

**B. Confidential Information:**

1) During the term of this Agreement or license, the County may claim that some or all of information, including, but not limited to, software documentation, manuals, written methodologies and processes, pricing, discounts, or other considerations (hereafter collectively

referred to as "Confidential Information"), is, or has been treated as confidential and proprietary in accordance with § 812.081, Fla. Stat., or other law, and is exempt from disclosure under § 119, Fla. Stat., the Public Records Law. The County shall clearly identify and mark Confidential Information as "Confidential Information" or "CI" and the CTAC shall use reasonable efforts to maintain the confidentiality of the information properly identified as "Confidential Information" or "CI"

2) The CTAC shall promptly notify the County in writing of any request received by the CTAC for disclosure of the County's Confidential Information and the County may assert any exemption from disclosure available under applicable law or seek a protective order against disclosure from a court of competent jurisdiction. The County shall protect, defend, indemnify, and hold the CTAC, its officers, employees, and agents free and harmless from and against any claims or judgments arising out of a request for disclosure of Confidential Information. The County shall investigate, handle, respond to, and defend, using counsel chosen by the County, at the County's sole cost and expense, any such claim, even if any such claim is groundless, false, or fraudulent. The County shall pay for all costs and expenses related to such claim, including, but not limited to, payment of attorney fees, court costs, and expert witness fees and expenses. Upon completion of this Agreement, the provisions of this paragraph shall continue to survive. The County releases the CTAC from claims or damages related to disclosure by the CTAC. If the County is a governmental entity, there shall be no claim for indemnification for any amounts other than the legal costs itemized above., but the County shall identify all confidential information they provide to the CTAC. It is the intent of this agreement, that to the extent the County identifies any information otherwise protected under §812.081, it bears the cost of defending the confidentiality of that material.

### **C. Project Completion:**

Upon completion of, or in the event this Agreement is terminated, the County, *when acting on behalf of the CTAC* as provided under § 119.0701, Fla. Stat., shall transfer, at no cost, to the CTAC all public records in possession of the County or keep and maintain public records required by the CTAC to perform the service. If the County transfers all public records to the CTAC upon completion or termination of the Agreement, it must destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the County keeps and maintains public records upon the completion or termination of the Agreement all applicable requirements for retaining public records shall be met. All records stored electronically shall be provided to the CTAC, upon request from the CTAC's Custodian of Public Records, in a format that is compatible with the information technology systems of the CTAC.

### **D. Compliance:**

1) An Applicant who fails to provide the public records to the CTAC within

a reasonable time may be subject to penalties under § 119.10, Fla. Stat.

**IF THE COUNTY HAS QUESTIONS REGARDING THE APPLICATION OF § 119, Fla. Stat., TO THE COUNTY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CTAC REPRESENTATIVE AT:**

E-MAIL:

[publicrecordrequests@childrenstrustofalachuacounty.us](mailto:publicrecordrequests@childrenstrustofalachuacounty.us)

PHONE: (352) 374-1830

ADDRESS: P.O. Box 5669, Gainesville, FL 32627

**Section 25. Communications:**

The County shall maintain a working e-mail address and shall respond to e-mail communications from the CTAC Contract Manager within twenty-four (24) business hours from the time the e-mail was received electronically. The County agrees to add the e-mail and postal mailing addresses of the CTAC Contract Manager to any mailing lists utilized for the purpose of announcements, status reports, and the like. The County is responsible for ensuring that emails from CTAC are not diverted to its SPAM filter.

**Section 26. No Religious or Sectarian Requirement:**

In accordance with Article 1, Section 3, Florida Constitution, and other applicable law, the funding provided under this Agreement may not be used in aid of any church, sect, or religious denomination or in aid of any sectarian institution. The Program shall not promote the religion of the provider, be significantly sectarian in nature, involve religious indoctrination, require participation in religious ritual, or encourage the preference of one religion over another.

**Section 27. Non-Discrimination:**

The Parties agree not to discriminate against any person on grounds of race, ethnicity, national origin, color, religion, age, disability, sex, pregnancy status, gender identity, sexual orientation, marital status, genetic information, political opinions or affiliations, veteran status, or other legally protected classes under the laws of the State of Florida or the federal government.

**Section 28. Force Majeure:**

Neither Party shall be liable for loss or damage suffered as a result of any delay or failure in performance under the Agreement due directly or indirectly from acts of God, accidents, fire,

explosions, earthquakes, floods, water, wind, lightning, civil or military authority, acts of public enemy, war, riots, civil disturbances, insurrections, terrorism, pandemics or health crises, strikes, or labor disputes.

**Section 29. Award Acknowledgement of Support:**

The County agrees to acknowledge the CTAC's support in all materials as specified on the CTAC website at:

<https://www.childrenstrustofalachuacounty.us/funding/page/provider-resources>

**Section 30. Electronic Signatures.**

The Parties agree that an electronic version of this Agreement shall have the same legal effect and enforceability as a paper version. The Parties further agree that this Agreement, regardless of whether in electronic or paper form, may be executed by use of electronic signatures. Electronic signatures shall have the same legal effect and enforceability as manually written signatures. The County shall determine the means and methods by which electronic signatures may be used to execute this Agreement and shall provide the County with instructions on how to use said method. Delivery of this Agreement or any other document contemplated hereby bearing an manually written or electronic signature by facsimile transmission (whether directly from one facsimile device to another by means of a dial-up connection or whether mediated by the worldwide web), by electronic mail in  portable document format  ( .pdf ) form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

**Section 31. Counterparts:**

This Agreement may be executed in any number of and by the different Parties hereto on separate counterparts, each of which when so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same instrument. Receipt via fax or e-mail with pdf attachment by a Party or its designated legal counsel of an executed counterpart of this Contract shall constitute valid and sufficient delivery in order to complete execution and delivery of this Contract and bind the parties to the terms hereof.

**Section 32. Contract Documents:**

This Contract consists of the following documents which are hereby incorporated as if fully set forth herein and which, in case of conflict, shall have priority in the order listed:

- A. This document, as modified by any subsequent signed amendments

- B. Any amendments to the RFP
- C. The RFP as originally issued
- D. Any Purchase Order under the Contract
- E. The Response, provided that any terms in the Response that are prohibited under the RFP shall not be included in this Contract.

WITNESS WHEREOF, the parties have caused this Agreement to be executed for the uses and purposes therein expressed on the day and year first above written.

**CHILDREN'S TRUST OF ALACHUA COUNTY**

By: *Kristy Goldwire*  
Kristy Goldwire  
Acting Executive Director  
Date: June 6, 2022

APPROVED AS TO FORM

*Bob Swain*  
Bob Swain (Jun 3, 2022 16:33 EDT)

Attorney for the Trust

**ALACHUA COUNTY, FL**

ATTEST  
*Jess Irby*  
J.K. "Jess" Irby, Esq., Clerk  
(Seal)

By: *Marihelen Wheeler*  
Marihelen Wheeler, Chair  
Date: 6-3-22

Approved as to form:  
DocuSigned by:  
*Diana Johnson*  
9E797AC46776481...

Alachua County Attorney

**FUNDING SOURCE**

<i>Kg</i>	<b>Fiscal Year</b>	<b>Amount</b>	<b>Account NO.</b>
	<b>2022</b>	<b>\$85,400</b>	<b>001.15.1500.569.82.00</b>

nco



## Attachment A

Section 3: Site Profile: Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site Summary section. At least one site is required for application to be considered complete			
1.Site Information			
<b>Organization Name</b>	Alachua County Board of County Commissioners (BoCC)		
<b>Site Name</b>	Cuscowilla Day Camp		
<b>Site Address</b>	210 SE 134th Avenue, Micanopy, FL 32667		
<b>Site Contact Name/Phone/E-mail:</b>	Lexi Green, Cuscowilla Manager (352) 574-2372 green@alachuacounty.us		
<b>Site Enrollment Phone # and Website</b>	352-574-2372		
<b>Social Media Links(Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> <small>Note: Grades served should reflect year child would enter in the 2022-23 school year</small>	3rd - 12th		
<b>Site Dates and Hours of Operations</b> <small>Provide specific dates and hours of operations camp services will be offered</small>	Start Date: 6/6/22 End Date: 8/5/22	# of Weeks of Programming: 8 Hours of operations: 8AM to 5PM	Additional Details:
<b>Expected Attendance of Children</b> <small>Describe expected attendance of children at your program. How many days per week will they attend? How many hours in a day will they attend? How many weeks will they attend?</small>	<b>Hours per Day:</b> 9.0 Hours per day	<b>Days per Week:</b> 5 Days per week	<b># of weeks expected to attend:</b> 1 - 7 Weeks
<b>Site Description:</b> <small>Provide a brief description of the facility, including amenities, number of rooms, maximum occupancy, and any other information to show that the facility can safely meet the needs of children during the summer</small>	Cuscowilla is located at 210 SE 134th Avenue, Micanopy, Florida 32667. Alachua County owns this 211 acre property. This property was formerly known as Camp McConnell, a YMCA camp. Easement and restrictions on the property clearly identify its primary purpose is to run a camp for children. This property features more than 40,000 sq. ft of buildings with amenities including: Olympic size pool; Day cabin facility with a recreation hall, pool baths, locker rooms; and storage; Camp store; Air conditioned cabins; Lakeside outdoor chapel; Infirmary; Horseback riding center with stables; Paintball and obstacle courses; Nature and mountain bike trails; Archery, rifle and BB gun ranges; Basketball, tennis and volleyball courts; and Soccer, disc golf and tug of war fields.		
<b>Executive Summary:</b> <small>Provide an executive summary of the program and services offered at this site (100 words of less). This summary will be used in reports and promotional materials developed by CTAC</small>	Cuscowilla is in the heart of Florida, with 200+ acres including equestrian farm, challenge course, lake, Olympic sized swimming pool, and air conditioned facilities. A traditional coed day summer camp for children entering grads 3 through 12. There are tons of instructed activities to participate in, including horseback riding and the climbing wall. Cuscowilla staff will strive to enrich the lives and the character of every camper through our core values: Integrity; Honesty; Respect; Diversity; Innovation; Accountability; and Communication. Staff seeks to provide responsive service to citizens and responsible stewardship of county resources for current and future generations.		
<b>Site Staffing:</b> <small>Describe how your site will provide appropriate staffing to ensure safe and enriching programming. Refer to the RFP guidelines as staffing requirements including positions and ratios when completing site staffing.</small>	Our staff are carefully selected through interactive interviews including behavior based interview questions. We anticipate up to 100 Day Camp children who will all be placed in a 1:10 ratio with staff. We anticipate hiring up to 12 staff to facilitate these ratios and provide additional support of site specific activities including: swimming; archery; rock climbing; paddle sports; recreation sports; educational activities; and arts & crafts.		

# 1. Site Budget Summary

Site Name Cuscowilla Day Camp			
Budget Item	Description	Request Amount	Additional details to support request including justification of requested amount
Enrollment/Registration Fees	<p>CTAC will cover a one-time enrollment and/or registration fee per child receiving a CTAC scholarship. Complete the following fields to calculate request amount:</p> <p>A) Cost per enrollment fee requested from CTAC: \$ 100</p> <p>B) # of children to receive enrollment fees: 150</p> <p>C) Enrollment Fee request amount (A X B- <i>Read Only</i>): \$ 15,000</p>	\$ 15,000	The enrollment fees assist with start up costs associated with purchasing supplies for each program. This includes goods like snacks, tshirts, and program specific supplies
Scholarships (Full)	<p>CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals, etc.) Complete the following fields to calculate request amount:</p> <p>A) Cost per Scholarships (Full) requested from CTAC: \$ 200</p> <p>B) # of children to receive Scholarships (Full): 19</p> <p>C) # of weeks children are expected to attend camp: 8</p> <p>D) Scholarships (Full) Total (A X B X C- <i>Read only</i>): \$ 30,400</p>	\$ 30,400	This would account for 19 full scholarships per week for 8 weeks and fund program supplies such as specialty supplies needed for our weekly theme guests (STEM, dance, writing, environmental education, etc) as well as staff salaries.
Scholarships (Partial)	<p>CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals etc.). Complete the following fields to calculate request amount:</p> <p>A) Cost per Scholarships (Partial) requested from CTAC:</p> <p>B) # of children to receive Scholarships (Partial):</p> <p>C) # of weeks children are expected to attend camp:</p> <p>D) Scholarships (Partial) Total (A X B X C - <i>Read only</i>): \$ 0</p>	\$ 0	
Materials	CTAC will cover the costs of materials full/partial scholarship children to participate in summer camp activities.		
Fieldtrip	CTAC will cover the costs of full/partial scholarship children to participate in fieldtrips including admission costs. All fieldtrip expenses will include copies of fieldtrip attendance for verification.		
Transportation	CTAC will cover the cost of transportation for full/partial scholarship children to participate in camp activities including fieldtrips. These expenses for buses, vehicle rentals, gas etc.		
Background Checks	CTAC will cover the costs for all staff to receive Level 2 background checks		
<b>Site 1 Total Request:</b>		\$ 45,400	

## Attachment A

**Section 3: Site Profile: Skip this section if no more site profiles are needed. Complete the Site Information and Site Budget Summary for each site requesting funding. Information from each site profile will populate the Site and Budget Summary section. At least one site is required for application to be considered complete**

### 2.Site Information

<b>Organization Name</b>	Alachua County Board of County Commissioners (BoCC)		
<b>Site Name</b>	Cuscowilla Overnight Camp		
<b>Site Address</b>	210 SE 134th Avenue, Micanopy, FL 32667		
<b>Site Contact Name/Phone/E-mail:</b>	Lexi Green, Cuscowilla Manager (352) 574-2372 lgreen@alachuacounty.us		
<b>Site Enrollment Phone # and Website</b>	352-574-2372		
<b>Social Media Links(Facebook/Instagram/Twitter)</b>			
<b>Site Grades Served</b> <small>Note: Grades served should reflect year child would enter in the 2022-23 school year</small>	3rd-12th grade		
<b>Site Dates and Hours of Operations</b> <small>Provide specific dates and hours of operations camp services will be offered</small>	Start Date: 6/6/22 End Date: 8/5/22	# of Weeks of Programming: 2 Hours of operations: 24 HRS	Additional Details: This is an overnight ca
<b>Expected Attendance of Children</b> <small>Describe expected attendance of children at your program. How many days per week will they attend? How many hours in a day will they attend? How many weeks will they attend?</small>	<b>Hours per Day:</b> 24 Hours per day	<b>Days per Week:</b> 5 Days per week	<b># of weeks expected to attend:</b> 1-7 Weeks
<b>Site Description:</b> <small>Provide a brief description of the facility, including amenities, number of rooms, maximum occupancy, and any other information to show that the facility can safely meet the needs of children during the summer</small>	Cuscowilla is located at 210 SE 134th Avenue, Micanopy, Florida 32667. Alachua County owns this 211 acre property. This property was formerly known as Camp McConnell, a YMCA camp. Easement and restrictions on the property clearly identify its primary purpose is to run a camp for children. This property features more than 40,000 sq. ft of buildings with amenities including: Olympic size pool; Day cabin facility with a recreation hall, pool baths, locker rooms; and storage; Camp store; Air conditioned cabins; Lakeside outdoor chapel; Infirmary; Horseback riding center with stables; Paintball and obstacle courses; Nature and mountain bike trails; Archery, rifle and BB gun ranges; Basketball, tennis and volleyball courts; and Soccer, disc golf and tug of war fields.		
<b>Executive Summary:</b> <small>Provide an executive summary of the program and services offered at this site (100 words of less). This summary will be used in reports and promotional materials developed by CTAC</small>	Cuscowilla is in the heart of Florida, with 200+ acres including equestrian farm, challenge course, lake, Olympic sized swimming pool, and air conditioned facilities. A traditional coed overnight summer camp for children entering grads 3 through 12. There are tons of instructed activities to participate in, including horseback riding and the climbing wall. Cuscowilla staff will strive to enrich the lives and the character of every camper through our core values: Integrity; Honesty; Respect; Diversity; Innovation; Accountability; and Communication. Staff seeks to provide responsive service to citizens and responsible stewardship of county resources for current and future generations.		
<b>Site Staffing:</b> <small>Describe how your site will provide appropriate staffing to ensure safe and enriching programming. Refer to the RFP guidelines as staffing requirements including positions and ratios when completing site staffing.</small>	Our staff are carefully selected through interactive interviews including behavior based interview questions. We anticipate up to 80 Overnight Camp children who will all be placed in a 1:8 ratio with staff. We anticipate hiring up to 10 staff to facilitate these ratios and provide additional support of site specific activities including: swimming, archery, rock climbing; paddle sports; recreation sports; educational activities; and arts & crafts.		

## 2. Site Budget Summary

Site Name: Cuscowilla Overnight Camp			
Budget Item	Description	Request Amount	Additional details to support request including justification of requested amount
Enrollment/Registration Fees	CTAC will cover a one-time enrollment and/or registration fee per child receiving a CTAC scholarship. Complete the following fields to calculate request amount: A) Cost per enrollment fee requested from CTAC: \$ 150 B) # of children to receive enrollment fees: \$ 50 C) Enrollment Fee request amount (A X B) -Read only: \$ 7,500	\$ 7,500	The enrollment fees assist with start up costs associated with purchasing supplies for each program. This includes goods like snacks, tshirts, and program specific supplies
Scholarships (Full)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals, etc.) Complete the following fields to calculate request amount: A) Cost per Scholarships (Full) requested from CTAC: \$ 650 B) # of children to receive Scholarships (Full): 50 C) # of weeks children are expected to attend camp: 1 D) Scholarships (Full) Total (A X B X C -Read only): \$ 32,500	\$ 32,500	This would account for 6 full scholarships per week for 8 weeks and fund program supplies such as specialty supplies needed for our weekly theme guests (STEM, dance, writing, environmental education, etc) as well as staff salaries.
Scholarships (Partial)	CTAC will cover weekly camp scholarships for eligible children. Weekly scholarship cost should include all expenses necessary to host a child per week (staffing, overhead, meals etc.). Complete the following fields to calculate request amount: A) Cost per Scholarships (Partial) requested from CTAC: B) # of children to receive Scholarships (Partial): C) # of weeks children are expected to attend camp: D) Scholarships (Partial) Total (A X B X C -Read only): \$ 0	\$ 0	
Materials	CTAC will cover the costs of materials full/partial scholarship children to participate in summer camp activities.		
Fieldtrip	CTAC will cover the costs of full/partial scholarship children to participate in fieldtrips including admission costs. All fieldtrip expenses will include copies of fieldtrip attendance for verification.		
Transportation	CTAC will cover the cost of transportation for full/partial scholarship children to participate in camp activities including fieldtrips. These expenses for buses, vehicle rentals, gas etc.		
Background Checks	CTAC will cover the costs for all staff to receive Level 2 background checks		
<b>Site 2 Total Request:</b>		\$ 40,000	

## Attachment B-1

### Section 4: Site and Budget Summary

Information from each site profile will populate the Site Summary section below. To make corrections to the summary table, return to previously enter site profile(s).

Site Name	Enrollment/Registration Fees		Scholarships (Full)		Scholarships (Partial)		Materials	Fieldtrips	Transportation	Background Checks	Site Total Request
	# of children:	Amount:	# of children:	Amount:	# of children:	Amount:					
Cuscowilla Day Camp	150	\$ 15,000	19	\$ 30,400		\$ 0					\$ 45,400
Cuscowilla Overnight Camp	\$ 50	\$ 7,500	50	\$ 32,500		\$ 0					\$ 40,000
		\$ 0		\$ 0		\$ 0					\$ 0
		\$ 0		\$ 0		\$ 0					\$ 0
<b>Total</b>	<b>200</b>	\$ 22,500	<b>69</b>	\$ 62,900	<b>0</b>	\$ 0	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	\$ 85,400

**Attachment C: Insurance Requirement  
TYPE "B" INSURANCE REQUIREMENTS  
"Professional or Consulting Services"**

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, their agents, representatives, employees, or subcontractors.

**I. COMMERCIAL GENERAL LIABILITY.**

Coverage must be afforded under a per occurrence form policy for limits not less than \$200,000 General Aggregate, \$300,000 Products/Completed Operations Aggregate, \$300,000 Personal and Advertising Injury Liability, \$200,000 each Occurrence, \$50,000 Fire Damage Liability, and \$5,000 Medical Expense.

**II. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY.**

- A. Coverage to apply for all employees at STATUTORY limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.
- B. Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**III. PROFESSIONAL LIABILITY or ERRORS AND OMISSIONS LIABILITY (E&O).**

Professional (E&O) Liability must be afforded for not less than \$200,000 each claim, \$300,000 policy aggregate, required for Capital but not for Services.

**IV. OTHER INSURANCE PROVISIONS.**

- A. All Coverages
  - 1. The Contractor shall provide a Certificate of Insurance to the Children's Trust of Alachua County with a thirty (30) day notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under "claims made" form the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.
  - 2. Contractors shall include all subcontractors as insured under its policies. All subcontractors shall be subject to the requirements stated herein.

**CERTIFICATE HOLDER: Children's Trust of Alachua County**

**Attachment C1: Insurance Requirement  
Certificate of Insurance**

**Attachment D  
Deliverables**

DATE RANGE	DELIVERABLE	EVIDENCE	DUE DATE(S)
Date of Award ☐ April 1, 2022	1. Program Preparation	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Affidavit Letter outlining screening of all staff and volunteers. <input type="checkbox"/> Verified in Philanthropy Hub (Nonprofits only)	May 15, 2022
April 2022	2. Attend CTAC Summer Provider training	<input type="checkbox"/> Training attendance	April 20, 2022
May ☐ August 30th, 2022	3. Implement the program in a safe and supportive environment  # of days # of students	<input type="checkbox"/> Sign In/Sign Out Sheets <input type="checkbox"/> Monthly Invoice	Due 15 <sup>th</sup> of every month
May ☐ August 30th, 2022	4. Submit child demographics and weekly program attendance including participation in fieldtrips and family engagement activities as applicable.	<input type="checkbox"/> Submission on CTAC provided data collection spreadsheets or tools	Due 15 <sup>th</sup> of every month
August 15 <sup>th</sup> , 2022	5. Submit End of Program Narrative	<input type="checkbox"/> End-of-Program Narrative <input type="checkbox"/> Satisfaction Surveys	August 15 <sup>th</sup> , 2022

NOTE: An Affidavit Letter is a letter on Contractor letterhead and clearly states that all staff and volunteers have completed the screening and completed Affidavits of Good Moral Character prior to the commencement of the program.



**Attachment E  
Performance Measures**

<b>Quantity: How much?</b>	<b>FY22 Target</b>
<b>Number of children enrolled in full and partial scholarships</b>	200
<b>Number of program days</b>	40
<b>Quality/Effort: How well are services provided?</b>	<b>FY22 Target</b>
<b>Weekly Attendance</b> 100% of enrolled children who attend at least 1 day per week for the expected program length	90%
<b>Site Monitoring (developed by CTAC staff)</b>	Fully Compliant
<b>Client Benefits: Is anyone better off?</b>	
<b>Children who enjoyed camp activities</b>	80%
<b>Parents satisfied with registration process</b>	75%
<b>Parents satisfied with camp activities</b>	85%
<b>Parents felt their kids were safe at camp</b>	90%
<b>Parents satisfied with camp communication</b>	80%
<b>Families enjoyed the overall camp experience</b>	85%

**Attachment F  
Data and Reporting**

<b>PARTICIPANT DATA</b>	
<b>DATA REQUIREMENT</b>	<b>Data Collection Tool</b>
<p><u>Participant Demographics</u>: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>• Unique Identifier</li> <li>• Scholarship Type (i.e., Full or Partial)</li> <li>• Scholarship Amount (i.e., weekly rate)</li> <li>• Enrollment Criteria for Scholarship (i.e., at or below 200% FPL, IEP and/or 504 plans, in foster care, in kinship care, under in-home case management, family receiving SNAP benefits, between 200% - 400% FPL)</li> <li>• Residence City (note, must be Alachua County)</li> <li>• Residence ZIP (note, must be Alachua County)</li> <li>• Age at Enrollment</li> <li>• Grade (i.e., K-12)</li> <li>• School Name</li> <li>• Race (i.e., American Indian or Alaskan, Asian, Black or African American, Pacific Islander, White, Multiracial, Other)</li> <li>• Ethnicity (i.e., Hispanic or Non-Hispanic)</li> <li>• Gender</li> <li>• Parent Language</li> </ul>	<p>Provider will develop, collect, and maintain child enrollment forms to support the collection of deidentified data to be submitted to CTAC.</p> <p>Provider will submit data listed for each individual child through a data collection tool provided by CTAC.</p>
<p>Program Participation: Providers are expected to collect and report the following on each child served individually:</p> <ul style="list-style-type: none"> <li>• Number of days the child attended the program for each week the program operated</li> <li>• Participation in fieldtrips (if applicable)</li> <li>• Participation in family engagement events/activities (if applicable)</li> </ul>	<p>Provider will develop, collect, and maintain attendance forms to support the collection of data to be submitted to CTAC.</p> <p>Provider will submit participation data listed for each individual child through a data collection tool provided by CTAC.</p>

<b>PROGRAM QUALITY MEASURES</b>	
<b>DATA REQUIREMENT</b>	<b>Data Collection Tool</b>
<p><u>Verification of scholarship eligibility</u>: Providers are expected to verify scholarship eligibility.</p>	<p>Site records</p>
<p><u>Satisfaction Survey</u>: Providers are expected to administer child/youth and parent satisfaction surveys summer.</p>	<p>CTAC provided data collection tool.</p>
<p><u>Participant Records</u>: Providers shall maintain a file for each child enrolled including enrollment, program consent, and image release forms.</p>	<p>Site records</p>

**PROGRAM QUALITY MEASURES**

<b>DATA REQUIREMENT</b>	<b>Data Collection Tool</b>
<p><u>Personnel Records:</u> Providers shall maintain a personnel file for each staff involved in the program, including in-kind staff and volunteers. Each file should contain, at a minimum, background screening results, proof of required trainings, and any required certifications or licensures, including the Affidavit of Good Moral Character.</p>	<p><u>Staff Qualifications:</u> Providers are expected to hire and retain staff and subcontractors with the necessary qualifications/credentials. Providers are expected to produce proof of required experience, education, and certifications/licensures as specified in Scope of Services</p>

	<b>Due Date*</b>	<b>What to Report</b>
<b>Summer Camp</b>	15 <sup>th</sup> of Each Month	<ul style="list-style-type: none"> <li>- Invoice based on actual attendance and enrollment</li> <li>- Prior month's new participant demographics, attendance data</li> </ul>
	September 15th	<ul style="list-style-type: none"> <li>- Final report</li> <li>- Finalized participant data (demographics, attendance, surveys)</li> <li>- Provider End of Summer Reflection survey</li> <li>- Final invoice</li> </ul>

## Attachment G

### MANDATORY REPORTING OF ABUSE CHECKLIST (JUNE 2020)

#### A. WHO NEEDS TO REPORT?

In Florida, everyone is a mandatory reporter. However, there are two types of reporters:

- Mandated Reporter (General):
  - Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter. § 39.201(1)(a).
  - Any person, including but not limited to state, county, or municipal criminal justice employees or law enforcement officers, who knows or has reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited must make a report. § 415.1034(1)(a)5.
- Mandated Reporter (Professional)
  - Anyone who is legally obligated to report known abuse and must also identify themselves when reporting. These include:
    - Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission, examination, care, or treatment of persons. §§ 39.201(1)(d)1 and 415.1034(1)(a)1;
    - Health or mental health professional other than listed in paragraph above;
    - Practitioner who relies solely on spiritual means for healing, §§ 39.201(1)(d)3 and 415.1034(1)(a)3;
    - School teacher or other school official or personnel (child), § 39.201(1)(d)4;
    - Social worker, day care center worker, or other professional childcare, foster care, residential or institutional worker (child), § 39.201(1)(d)5;
    - Nursing home staff; assisted living facilities staff; adult day care center staff etc. (vulnerable adults), § 415.1034(1)(a)4;
    - Employees of Department of Business and Professional Regulation conducting inspections of public lodging establishments, § 415.1034(1)(a)6;
    - Law enforcement officer, §§ 39.201(1)(d)6 and 415.1034(1)(a)5; Judge, § 39.201(1)(d)(7) and 415.1034(1)(a)5; and

- Mediators. § 44.405(4)(a)3.
- Note: An officer or employee of the judicial branch is not required to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided that there is reasonable cause to believe that the information is already known to the department. This paragraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties. § 39.201(1)(f)

## B. WHAT NEEDS TO BE REPORTED?

- **Child Abuse**

- A child in need of supervision who has no parent, legal custodian, or responsible adult. § 39.201(1)(a).
- A child abused by his or her parent, caregiver, guardian, or other person responsible for the child's welfare. § 39.201(1)(a).
- Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare. § 39.201(1)(b).
- Childhood sexual abuse or victim of a known or suspected juvenile sex offender. § 39.201(1)(c).
- If the report contains information of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older, the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. § 39.201(2)(e).
- Reports involving surrendered newborn infants shall be made and received by the department. § 39.201(1)(g).

- **Sexual Battery**

- Section 794.027 requires a person who observes a sexual battery and who has the ability to seek assistance for the victim without being exposed to a threat of physical violence must make a report. Someone other than the victim or a spouse or close family relative of the victim or offender who is not endangered and who fails to seek assistance by reporting the offense to a law enforcement officer is guilty of a misdemeanor of the first degree.

- **Vulnerable Adult Abuse**

- Section 415.1034(1)(a)5 states that any person, including, but not limited to any state, county, or municipal criminal justice employee or law enforcement officer, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

### **C. WHO DO YOU REPORT IT TO?**

- Child and adult abuse should be reported to the Florida Department of Children and Families (DCF) through either the DCF statewide hotline (call 1-800-96-ABUSE)(1-800-962-2873) or through the DCF website at <http://reportabuse.dcf.state.fl.us>The hotline also accepts faxes at 1-800-914-0004 and web-based chats on their website. § 39.201(2)(a).
- If the abuse is by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the report will be transferred by hotline staff to the appropriate county sheriff's office. § 39.201(2)(b).
- If the alleged abuse is by a juvenile or involves a child who is in the custody or protective supervision of the department, the report shall be transferred by the hotline to the county sheriff's office. § 39.201(2)(c)1.

### **D. WHAT HAPPENS IF YOU DON'T REPORT?**

- Failure to report child abuse to DCF is a third-degree felony. § 39.205(1).
- Failure to report a sexual battery under § 749.027 is a misdemeanor of the first degree.
- Failure to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or preventing someone else from doing so is a misdemeanor of the second degree. § 415.111(1).

### **E. WHAT HAPPENS IF YOU MAKE A FALSE REPORT?**

A person who knowingly and willfully makes a false report of child abuse, abandonment, neglect, or abuse of a vulnerable adult or who advises another to make a false report is guilty of a felony of the third degree. §§ 39.205(9), 415.111(5).

However, anyone making a report who is acting in good faith is immune from any liability. §§ 39.205(9), 415.111(5)(b).

**CHILDREN'S TRUST OF ALACHUA COUNTY  
RESOLUTION 2022-04  
Summer Camp & Enrichment Services RFP 2022-03**

**WHEREAS**, the Children's Trust of Alachua County (CTAC) developed and approved Resolution 2020-12, Procurement Policies; and

**WHEREAS**, the Trust seeks to expand summer programming for low-income families; and

**WHEREAS**, the Trust seeks to partner with enrichment providers to offer enriching activities that offer youth the opportunity to learn and explore specialty activities that would otherwise not be available through their out of school time programming; and

**WHEREAS**, the Trnst budgeted \$2,000,000 for summer programming in the FY 21-22 Budget,

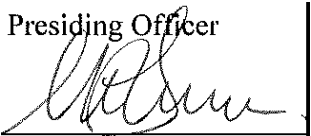
**NOW THEREFORE**, be it ordained by the Board of Children's Trust of Alachua County, in the State of Florida, as follows:

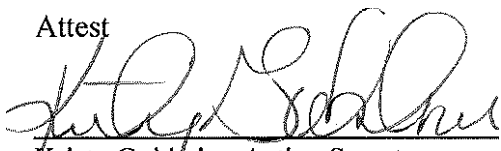
**SECTION 1: ADOPTION** The scope of service, minimum qualifications, evaluation criteria, and review team attached hereto as Exhibit "A" is hereby adopted in its entirety as provided in Exhibit "A" and incorporated herein by this reference.

**SECTION 2: EFFECTIVE DATE** This Resolution shall be in full force and effect from 03.14.2022 and after the required approval and publication according to law.

PASSED AND ADOPTED BY THE CHILDREN'S TRUST OF ALACHUA COUNTY BOARD; this 14<sup>th</sup> day of March 2022.

	<b>AYE</b>	<b>NAY</b>	<b>ABSENT</b>	<b>NOT VOTING</b>
Dr. Margarita Labatta	_____	_____	_____	_____
Tina Certain	_____	_____	_____	_____
Lee Pinkoson	_____	_____	_____	_____
Ken Cornell	_____	_____	_____	_____
Dr. Nancy Hardt	_____	_____	_____	_____
Dr. Patricia Snyder	_____	_____	_____	_____
Cheryl Twombly	_____	_____	_____	_____

Presiding Officer  
  
 Dr. Margarita Labarta, Chair  
 Children's Trnst of Alachua County

Attest  
  
 Kristy Goldwire, Acting Secretary  
 Children's Trnst of Alachua County

APPENDIX A - PROGRAM FUNDING

GOAL 1: ALL CHILDREN ARE BORN HEALTHY AND REMAIN HEALTHY		\$538,750
<b>STRATEGY 1.1 SUPPORT MATERNAL AND CHILD HEALTH</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
MATERNAL FAMILY PARTNER	Healthy Start of North Central Florida, Inc.	\$75,000 *
NEWBORN HOME VISITING PROGRAM	Healthy Start of North Central Florida, Inc.	\$400,000 *
<b>STRATEGY 1.2 SUPPORT MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
<b>STRATEGY 1.3 SUPPORT PHYSICAL HEALTH</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
WELLNESS COORINATOR @ HOWARD BISHOP MS	Children's Home Society of Florida	\$63,750
<b>STRATEGY 1.4 IMPROVE FOOD SECURITY</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
GOAL 2: ALL CHILDREN CAN LEARN WHAT THEY NEED TO BE SUCCESSFUL		\$3,500,639
<b>STRATEGY 2.1 SUPPORT PROFESSIONAL DEVELOPMENT AND CAPACITY-BUILDING</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
TRANSFORMATIVE PROFESSIONAL DEVELOPMENT	Early Learning Coalition of Alachua County	\$250,000 *
V'LOCITY MASTER CLASS SERIES	Business Leadership Institute for Early Learning	\$90,000 *
ACCREDITATION ACADEMY	Multiple	\$300,000 *
PROFESSIONAL DEVELOPMENT REGISTRY	The Children's Forum	\$34,650
AFTERSCHOOL CAPACITY-BUILDING	Muliple (via an application process)	\$300,000
<b>STRATEGY 2.2 EXPAND ACCESS TO HIGH QUALITY CHILDCARE, AFTERSCHOOL, AND SUMMER PROGRAMS</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
SUMMER PROGRAMMING (2021-2024)	RFP	\$1,100,000
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Gainesville Area Tennis Association (Aces in Motion)	\$188,443
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Kids Count in Alachua County, Inc.	\$143,025
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Boys and Girls Club of Alachua County	\$142,569
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Girls Place, Inc.	\$120,238
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Gainesville Circus Center	\$95,539
AFTERSCHOOL PROGRAMMING (RFP 2021-06)	Deeper Purpose Community Church, Inc.	\$72,175
AFTERSCHOOL PROGRAMMING (2022 - 2025)	RFP	\$150,000
<b>STRATEGY 2.3 SUPPORT LITERACY AND OTHER ACADEMIC SUPPORTS</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
DOLLY PARTON IMAGINATION LIBRARY	Gainesville Thrive	\$14,000
<b>STRATEGY 2.4 IMPROVE CAPACITY TO SUPPORT SPECIAL NEEDS</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
<b>STRATEGY 2.5 SUPPORT CAREER EXPLORATION AND PREPARATION</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
YOUTH SUMMER JOBS PROGRAM	RFP	\$500,000
GOAL 3: ALL CHILDREN HAVE NURTURING AND SUPPORTIVE CAREGIVERS AND RELATIONSHIPS		\$220,000
<b>STRATEGY 3.1 SUPPPORT INITIATIVES THAT CONNECT FAMILIES TO RESOURCES</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
HELP ME GROW ALACHUA	RFP 2021-07	\$220,000 *
<b>STRATEGY 3.2 IMPROVE FAMILY STRENGTHENING AND SUPPORTS</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
GOAL 4: ALL CHILDREN LIVE IN A SAFE COMMUNITY		\$ -
<b>STRATEGY 4.1 SUPPPORT INJURY PREVENTION</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
<b>STRATEGY 4.2 SUPPPORT INITIATIVES THAT PREVENT DELINQUENCY /TRUANCY</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
<b>STRATEGY 4.3 SUPPPORT VIOLENCE PREVENTION INITITATIVES</b>		
<u>PROGRAM</u>	<u>AGENCY</u>	<u>PROPOSED FUNDING</u>
RECOMMENDED PROGRAM FUNDING		\$4,259,389
REIMAGINE GAINESVILLE		\$50,000
PHILANTHROPY HUB -CFNCFL		\$8,500
SPONSORSHIP		\$25,000
MATCH		\$200,000
UNALLOCATED		\$471,426
<b>TOTAL PROGRAM FUNDING</b>		<b>\$5,014,315</b>

\* Supports the objectives of the Pritzker Children's Initiative





# Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R.10/15

85-8013937423C-9	12/31/2017	12/31/2022	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ALACHUA COUNTY BOARD OF  
COUNTY COMMISSIONERS  
12 SE 1ST ST  
GAINESVILLE FL 32601-6826

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 10/15

FLORIDA

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.









# Item #21 22-0385 - signed

Final Audit Report

2022-06-06

Created:	2022-06-03
By:	Deon Carruthers (dcarruthers@childrenstrustofalachuacounty.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAABNvyBTDdxORSvAVhyoPmjF8_uEjzyyJk

## "Item #21 22-0385 - signed" History

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-  Document emailed to Bob Swain (bswain@alachuacounty.us) for signature  
2022-06-03- 7:31:10 PM GMT
-  Email viewed by Bob Swain (bswain@alachuacounty.us)  
2022-06-03- 8:32:28 PM GMT- IP address: 172.225.251.37
-  Document e-signed by Bob Swain (bswain@alachuacounty.us)  
Signature Date: 2022-06-03- 8:33:02 PM GMT-Time Source: server- IP address: 98.180.20.29
-  Document emailed to Kristy Goldwire (kgoldwire@childrenstrustofalachuacounty.us) for signature  
2022-06-03 - 8:33:04 PM GMT
-  Email viewed by Kristy Goldwire (kgoldwire@childrenstrustofalachuacounty.us)  
2022-06-06 - 1:37:28 AM GMT- IP address: 163.120.80.11
-  Document e-signed by Kristy Goldwire (kgoldwire@childrenstrustofalachuacounty.us)  
Signature Date: 2022-06-06 - 12:28:43 PM GMT - Time Source: server- IP address: 163.120.80.69
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