

SUMMER CAMP SCHOLARSHIP PROGRAM



**Providers' Information/Updates Meeting
2023**



Agenda



www.pbcgov.com/youthservices



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[PBCYSD](https://twitter.com/PBCYSD)



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

1. Youth Services Staff Introductions
2. Community Check-In
3. Purpose of SCSP
4. Rales Summer Camp Scholarship Program
5. Our Campers
6. 2023 Provider Applications & Information
7. 10th Annual Super Summer Spelling Bee
8. 2024 Provider Application
9. Monitoring
10. Parent Application
11. Resources/NOFO
12. Questions/ Closing Remarks



YSD Staff Introductions



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Valerie Messineo
Senior Program Specialist

Wen Fils-Aime
Program Coordinator

JaVona Wilson
Program Coordinator

Tamia Williams
Senior Program Specialist

Rosaly Nunez
Paraprofessional

Annette Santiago
Administrative Assistant

Jin Ma
Planner

Ike Powell
Director of OCP



1) Community Check-in



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Youth Services Department is now
Sanctuary Certified



www.menti.com

Enter code:

5642 5365



2) Purpose



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The Summer Camp Scholarship Program provides full-tuition and fees for summer camp for children residing in families with income at or below 185% of Federal Poverty Guidelines.

- It gives children educational and recreational opportunities for growth.
- Parents may choose from participating camps throughout Palm Beach County.
- Serving children 5 -17 years old



Federal Poverty Guidelines

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	150%	185%	200%	300%	400%
1	\$14,580	\$19,391	\$21,870	\$26,973	\$29,160	\$43,740	\$58,320
2	\$19,720	\$26,228	\$29,580	\$36,482	\$39,440	\$59,160	\$78,880
3	\$24,860	\$33,064	\$37,290	\$45,991	\$49,720	\$74,580	\$99,440
4	\$30,000	\$39,900	\$45,000	\$55,500	\$60,000	\$90,000	\$120,000
5	\$35,140	\$46,736	\$52,710	\$65,009	\$70,280	\$105,420	\$140,560
6	\$40,280	\$53,572	\$60,420	\$74,518	\$80,560	\$120,840	\$161,120
7	\$45,420	\$60,409	\$68,130	\$84,027	\$90,840	\$136,260	\$181,680
8	\$50,560	\$67,245	\$75,840	\$93,536	\$101,120	\$151,680	\$202,240

Add \$5,140 for each person in household over 8 persons



Rales Summer Camp Scholarship Program



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What you need to know about scholarship awards:

JFS will be accepting Applications for Summer Scholarships beginning in January 2024.

Camp Scholarship funds will be given out until all funds have been exhausted.

Camp Scholarship Funds will be awarded to families who meet our Financial Guidelines.

When applying families must be able to provide: Current lease or Mortgage, 2024 Tax Return, Three Months of Banks Statements, Verification of current income and a statement or invoice from the camp showing total owed.

All families applying **MUST** reside in Boca Raton, Delray Beach or Highland Beach

Each child **can receive UP TO \$1000** Scholarship Award. Funds are not given to the family, they are sent directly to the camp on the family's behalf. Camps can be located anywhere that the family chooses.

Scholarship Awards **DO NOT COVER** Registration Fee, Lunches, Airfare/Transportation, or Field Trips.

Please contact Tina Licata: 561-852-3226 or TinaL@ralesjfs.org for more information regarding our scholarships

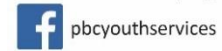


Ruth & Norman Rales
Jewish Family Services

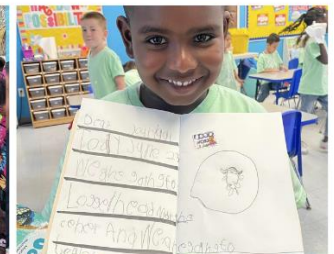
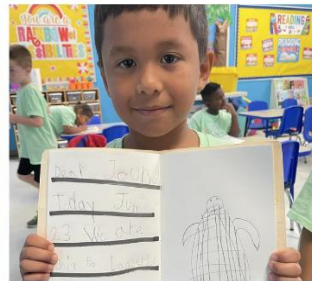
3) Our 2023 Campers



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LEARNING FUN



2015-2023 Scholarships Trends



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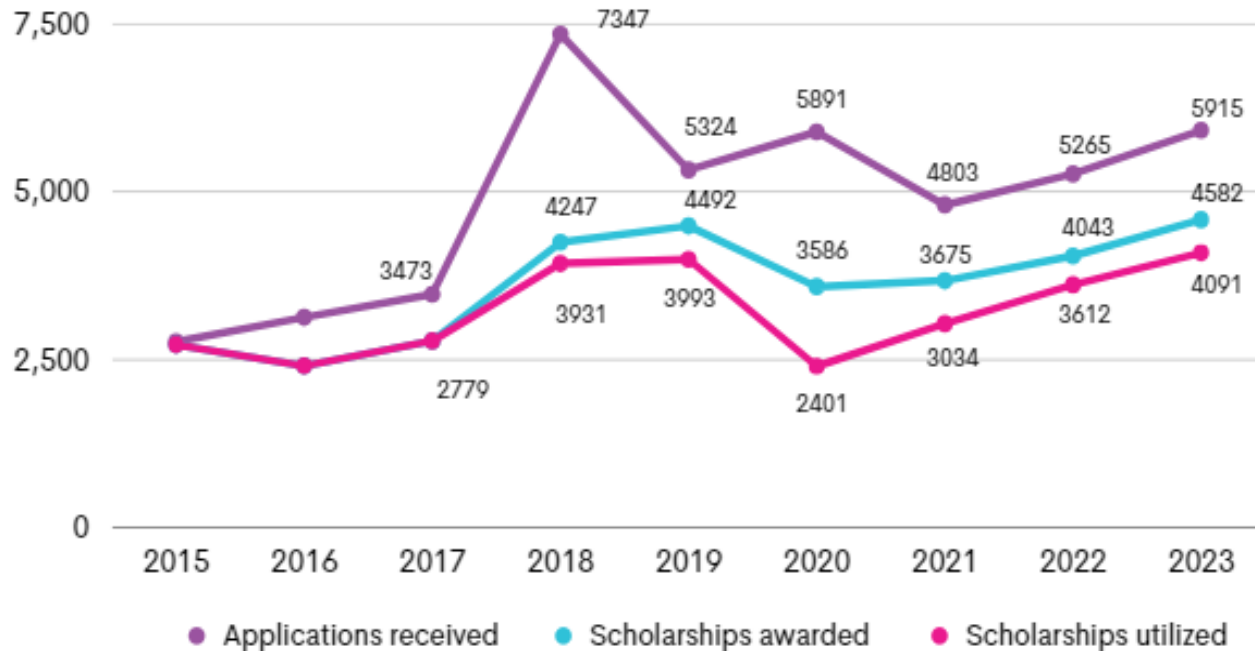


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In 2023, the total amount spent on scholarships was \$4,161,170.



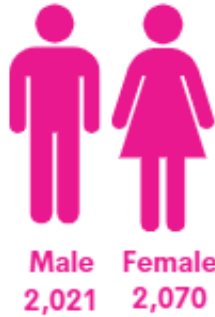
2023 Demographics: Scholarships Utilized



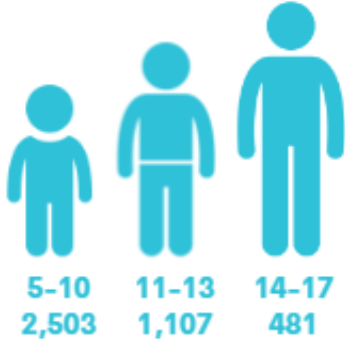
www.pbcgov.com/youthservices



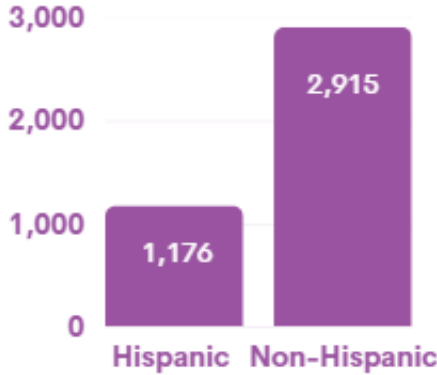
Gender:



Age:



Ethnicity:



2023 Demographics: Scholarships Utilized

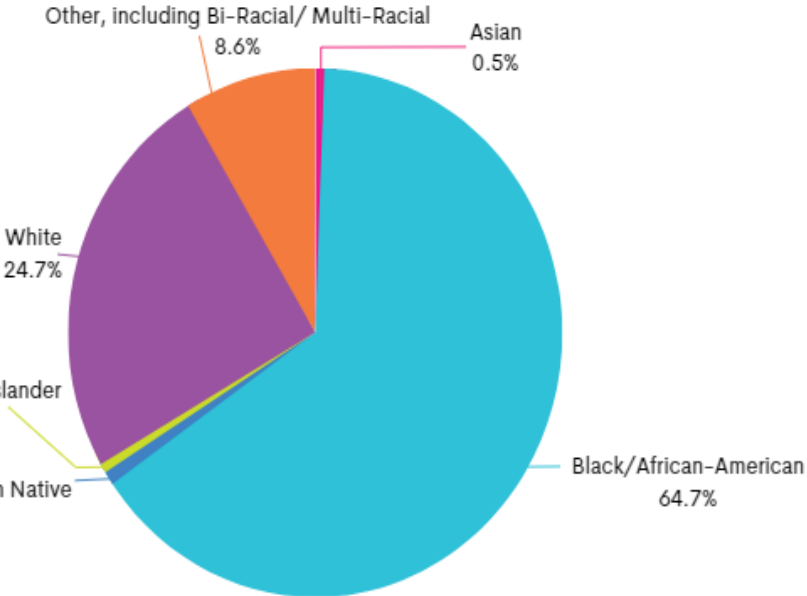


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Camper Demographics:

Race:		
Asian	24	
Black/ African-American	2,648	
Native American/ Alaskan Native	34	
Native Hawaiian or Other Pacific Islander	23	
White	1,010	
Other including Bi-Racial/ Multi-Racial	352	



4) 2023 Provider Application & Info



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Summer Camp

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

LOGIN

User Name

Password:

Enter your password

Summer Camp - Secured by Enterprise Connect
© 2014 Palm Beach County

[Forgot Password?](#)

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2023 Camp Stats



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- 75 provider applications



- 107 camp sites were originally approved for 2023



- 14 of those sites did not open



- 2 camps opened but never had any campers



- 91 camps enrolled campers & provided services



2023 Operating Camps by Type



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Summer Camp Types:



Educational Enrichment Camps (EEC)
provide a curriculum that includes educational advancements to prevent summer learning loss



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



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



Regular Camps
all other camps not specifically mentioned above



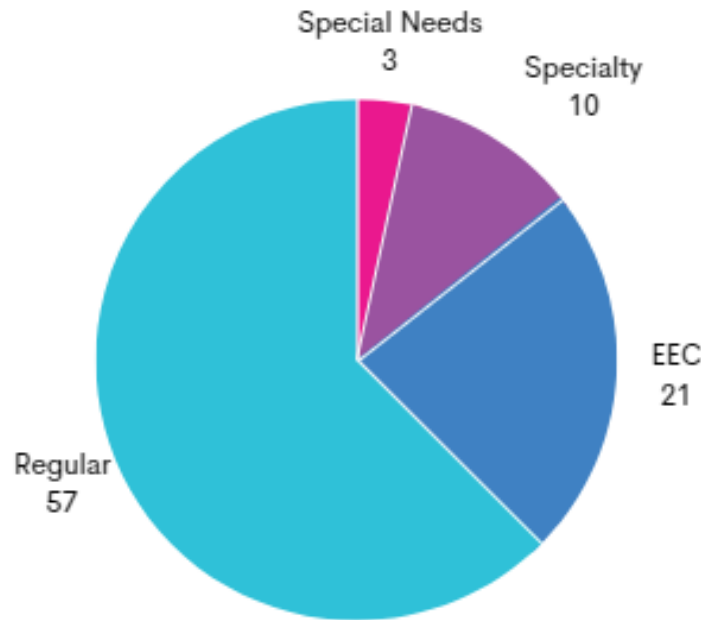
2023 Operating Camps by Type



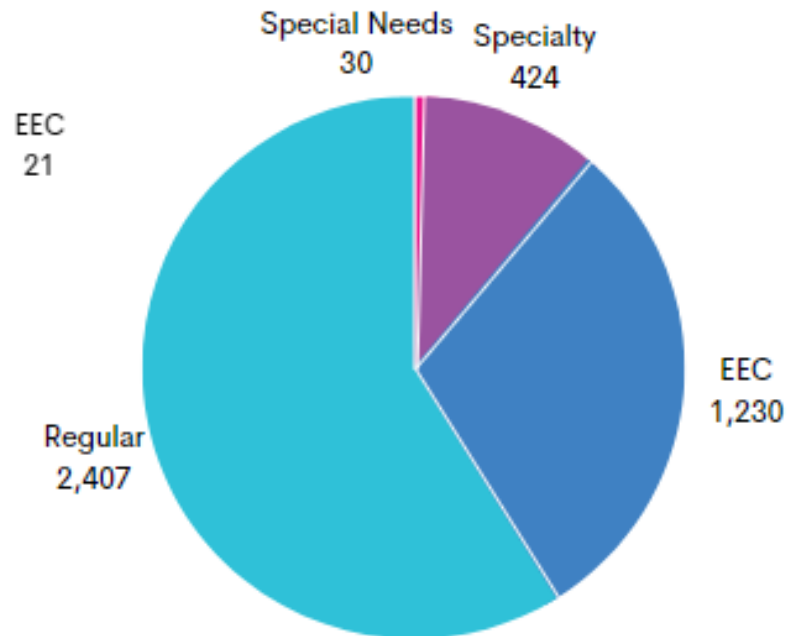
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Summer Camps by Type:



Children Served by Camp Type:



5) 9th Annual Super Summer Spelling Bee



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



9th Annual Super Summer Spelling Bee



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YSD hosted the 9th annual Super Summer Spelling Bee

- Located at Pahokee Middle Senior High School
- 157 spellers
- 147 non-participants
- 20 camps in attendance
- All winners received a trophy, book, and gift cards



SUMMER CAMP
SCHOLARSHIP PROGRAM
FOUNDED 1955 (SAS) AS SUMMER CAMP

PRESENTS THE 9TH ANNUAL COUNTYWIDE SPELLING BEE

SUPER SUMMER SPELLING BEE
July 25th, 2023
8:30am - 3:30pm
Pahokee Middle Senior High School
850 Larrimore Rd.
Pahokee, FL 33476

To provide academic activities that encourage the spirit of learning while preventing summer slide!

CATEGORIES:
(GRADE ENTERING IN FALL 2023)

- K - 2nd Grade
- 3rd - 5th Grade
- 6th - 8th Grade
- 9th - 12th Grade

CONTACT:
JAVONA WILSON
561-242-5705
JBUSH1@PBCGOV.ORG

CRAZY GAMES

Show Us Your Talent

Deadline to register is July 18, 2023
All attendees will receive a free gift

AWARDS • MUSIC • ACTIVITIES • FOOD • & MORE

SPONSORS: Palm Beach County Board of County Commissioners, Digital Vibez, Birth 22, Palm Beach County Parks & Recreation, Friends of Youth Services & Palm Beach County, Inc., Children's Services Council, FPL, PBCBHC, The County Attorney's Office.

9th Annual Super Summer Spelling Bee



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Grades K - 2nd

Lissandra Thompson
FTC Youth Zone

Mark Hall
Preparing Tomorrow's Leaders

Davens Jean-Louis
Wells Recreation

Judges

Cassy Romelus
Digital Vibez

Katia Martin-Dort
Early Learning Coalition

Grades 3rd - 5th

Jacoby Gowie
FTC Youth Zone

Nyla Davis
Tate Recreation

Austyn Oakley
Rosenwald Elementary School

Judges

Brenda Gonzalez
PBC Library System

Jamilah St Juste
PBC Parks and Rec.

Tywanna Pascascio
City of West Palm Beach

Grades 6th - 8th

Mia Valentina Velazquez-Lopez
Destiny Fulfilled

Louis Barrera Gonzalez
Florence Fuller

Daniela Figueroa-Alfaro
Preparing Tomorrow's Leaders Today

Judges

Helen Hvizd
PBC Attorney's Office

Anton Spalding
Prime Time PBC

Ike Powell
PBC Youth Services Dept.

Grades 9th - 12th

Jemuel Augustin
Bethel Evangelical Church

Regina Jones
Preparing tomorrow's Leaders Today

Fidley Joseph
Bethel Evangelical Church

Judges

Erin Harris
PBC Library System

Winter Jones
Girls Coordinating Council

Tevin Ali
PBC Youth Services Dept.



9th Annual Super Summer Spelling Bee



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10th Annual Super Summer Spelling Bee



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YSD will host the 10th Annual Super Summer Spelling Bee

- Location: Park Vista Community High School
- Goal: 600 participants
- REQUIRED for ALL EEC Camps

If your camp is interested in participating in the talent show email jwilson@pbcgov.org



SUMMER CAMP SCHOLARSHIP PROGRAM
PRESENTS THE 10TH ANNUAL COUNTYWIDE SPELLING BEE

SUPER SUMMER SPELLING BEE
July 11th, 2024
8:30am-3:30pm
PARK VISTA HIGH SCHOOL
7900 Jog Rd Lake Worth, FL 33467
To provide academic activities that encourage the spirit of learning while preventing summer slide!

CATEGORIES:
(GRADE ENTERING IN FALL XXXX)

- K - 2nd Grade
- 3rd - 5th Grade
- 6th - 8th Grade
- 9th - 12th Grade

CONTACT:
JAVONA WILSON
(561) 242-5705
JWILSON@PBCGOV.ORG

Show Us YOUR TALENT

Deadline to register is June 28th, 2024
All attendees will receive a free gift

AWARDS • MUSIC • ACTIVITIES • FOOD • & MORE

6) 2023 Provider Application



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



Role of the Provider



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1. Complete and submit the provider application with appropriate documents
2. Marketing and recruiting for enrollment
3. Parent application **assistance** & follow up
4. Camp schedule/ providing services
5. Billing - attendance logs, complying with the policy for payment
6. Compliance with programming, change notification, **communication with YSD**, etc.



Dates to Remember



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Camp Dates: 6/3/24 – 8/9/24

Provider Application Dates: Open: 11/16/2023 Close: 1/5/2024

Parent Application Dates: Open: 1/29/2024 Close: 4/12/2024

10th Annual Super Summer Spelling Bee: In-Person date July 11th

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

Mid-cycle: 6/3/2024 – 6/28/2024 **Last day to submit: 7/5/2024**

End Cycle: 7/1/2024 – 8/9/2024 **Last day to submit: 8/23/2024**



Starting an application - Application Type



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My Applications

General Details

Show 10 entries

Filter:

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

Showing 1 to 2 of 2 entries

Previous 1 Next

+ Add New Summer Camp Application

+ Add New Specialized Camp Application

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SCSP Database Updates



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Application Number: DFS-2022-00002 Status: Draft

- Home
- Application
- Direct Deposit
- Camps**
- Check List
- Terms & Agreements
- Attachments

Step 3 of 6, Camp Section

Location Information

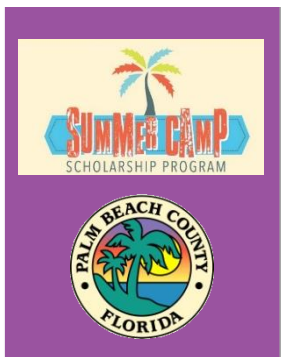
Site Name:*

Camp Happy

Address:*

Camp Happy

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



Eligibility



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



Sunbiz & W-9



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

Detail by Entity Name

Foreign Limited Liability Company
BLUE & CO., LLC

Filing Information

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

Principal Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Mailing Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Registered Agent Name & Address

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

Authorized Person(s) Detail

Name & Address

Title MGR

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

Annual Reports

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

W-9

Form (Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

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

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

Other (see instructions) ▶

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

City, state, and ZIP code

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

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

Employer identification number

Part II Certification

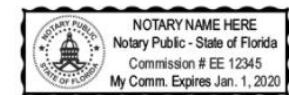
Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Date ▶

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



DCF Affidavit of Compliance



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AFFIDAVIT OF COMPLIANCE Background Screening Requirements for Family Foster Homes, Child Caring Agencies, Child Placing Agencies, and Child Care Personnel

To be returned with the application.
**List all persons employed in the Family Foster Home,
Child Caring Agency, Child Placing Agency or
Child Care Facility and complete all information requested.**

Authority: s. 402.305(2)(a)&(b), F.S.
s. 435.05(3), F.S.
s. 435.04, F.S.
s. 409.175(6)(c), F.S.

DESIGNATE EMPLOYEE BACKGROUND SCREENING STATUS AS:

Incomplete forms will be returned and
will delay the re-licensure process.

C – CLEARED
S – SUBMITTED
T – TRANSFER

Clearance Letter on File
Results Pending
Transfer From Other Facility

Name	Social Security	Date Hired	Date Screening Submitted	Status: (check one)			5 Year Re-screening Date
				C	S	T	
Betty White	1958	02/01/18	02/02/18	X			02/02/24



I, Camp Director's name must be entered here, Applicant of Camp Name must be entered here
Family Foster Home, Child Caring Agency, Child Placing Agency or Child Care Facility, do hereby affirm under penalty of
perjury that all child care personnel meet the statutory requirements for background screening.

Sworn to and subscribed before me this
_____ day of _____, _____.

Camp Director must be sign here
Signature of Affiant

Notary Public, State of Florida

CSIS Facility ID Number

My Commission Expires Date must be valid

Daily Activity Schedule



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

Date Range:

Type of Camp: *(please circle)* **Regular** **EEC** **Specialty** **Sports** **Special Needs**

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



Certificate of Insurance (COI)



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

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



ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

PRODUCER
Insurance Company Information

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Camp/Agency Legal Name

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

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

Check the boxes that applies to your automobile

GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If yes, describe under SPECIAL PROVISIONS below</small>		<i>Workers Comp Insurance & Employers Liability as required pursuant with Florida Statute Chapter 440</i> 123456	10/24/19	10/24/20	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$ 500,000												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
OTHER Sexual Abuse/molestation		123456	10/24/19	10/24/20	Policy limit or exclude coverage \$250,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, Its Officers, Employees and Agents.

Please insert the following additional insured language in this section.

CERTIFICATE HOLDER

Palm Beach County
 C/O Youth Services Department
 50 S. Military Trail, Suite #203
 West Palm Beach, FL 33415

Please insert the following as Certificate Holder in this section.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Reimbursement / Invoice Submission



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MID-CYCLE BILLING
June 3rd – JUNE 28th

DUE DATE:
JULY 5TH
2024

END-CYCLE BILLING
JULY 1st – AUG 9TH

DUE DATE:
AUGUST 23RD
2024



Reimbursement Guidelines



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- Camp must be **offered 5 days a week** to request reimbursement (only exceptions being County-observed holidays or natural disasters)
- Camps are required to provide services for a minimum of **7 weeks**
- Providers must provide a minimum of **9 hours** of supervised activities daily
- Camper must attend camp a **minimum of 4 consecutive daily hours at least 3 days within the week** for provider to request reimbursement

Applicant/parent is responsible for ensuring camper attends camp a minimum of 3 days per week for a total of 12 hours.



Reimbursement Guidelines



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- Providers will be paid for 1st week if camper failed to attend. **ONLY IF the Program Coordinator is notified within that week.**
- Providers are **not** allowed to substitute a child, accept child or reassign scholarship number to another child without prior YSD Approval.
- Approved providers are not eligible to receive scholarships for their own children.
- A parents & a camp staff must sign all attendance sheets.
- Reimbursement rate is **\$130 weekly** (with the exception of Special Needs camps)
 - EECs were increased **to \$150** weekly in 2022



Reimbursement Guidelines



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



Reimbursement Guidelines



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- Field Trip List must include locations and dates for each scheduled trip.
- Field trips must be available to all SCSP campers and must not be charged any additional fees or costs for the trip.
- Any “excursions” that may require additional fees paid by camper (i.e. Disney World, Sea World, etc.) **must be submitted to YSD for approval**. Such fees are not covered by the scholarship.



Reimbursement Guidelines



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EEC CAMPS PRE & POST-TESTS:

- Will need to be uploaded with the attendance sheets
 - Mid-cycle = Pre-Tests
 - End Cycle = Post-Tests



Scholarship #	Week 1	Week 2	Week 3	Week 4	Attachment	Status
2022-01219	Sick ✓	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	Layla.pdf	✓ Valid
2022-02688	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	Amina.pdf	✓ Valid
2022-01227	Vacation ✓	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	Arianna.pdf	✓ Valid
2022-02505	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	☑ ☹ ☒	austin.pdf	✓ Valid



Reimbursement Guidelines



Growing Brighter Futures

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INVOICE PROCESS



PROVIDER SUBMISSION
UP TO 2 WEEKS

YSD 1ST REVIEW
UP TO 1-2 WEEKS

YSD FINAL REVIEW
UP TO 1-2 WEEKS

FOYS APPROVAL
UP TO 1-2 WEEKS

ACCOUNTANT
PAYMENT SUBMISSION
(UP TO 30 DAYS)

DEPOSIT/CHECK MAILED
TO PROVIDER (24-48 HRS)



Growing Brighter Futures

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Direct Deposit



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- Launched direct deposit in 2022
- Not required for camps facilitated by school district or municipalities
- Camps received payment 2-3 days after issuance
- Information will be entered with your application



Direct Deposit



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Mailing Information (For Reimbursement)

Address: *

2333A West Glades Road

City: *

Attention Name: *

Boca Raton Housing Authority

- The application's mailing address must match the vendor address on the ACH form
- Routing #/ Account # must match EXACTLY on the ACH form and the voided check (including any 0s)



Direct Deposit



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“Provider is verifying that they received an ACH payment last summer, and that the account information is correct and has not changed since that payment was received.”

Agree	Initials
<input checked="" type="checkbox"/>	AW

“School District of Palm Beach County or municipality providers ONLY may select to opt-out of the ACH/direct deposit process and receive a paper check via mail. Select to receive a paper check.”

Agree	Initials
<input checked="" type="checkbox"/>	AW

- 2 questions to answer
- You do not need to select these to proceed – ONLY if they apply to you



2024 Policy Updates



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- If a Provider declines acceptance of a child, **YSD staff requires reason** for denial or inability to accommodate child in order to proceed with new camp selection.
- Camp changes will become effective **at the start of the week** following the Applicant's request.
- Camp changes must be requested before the end of the fourth week of camp (mid-cycle).
- Daily Activity Schedule for all camps must also demonstrate a **minimum of one-hour academic** activities/instruction daily.
- Curriculum and sample pre/post-tests, must be submitted with EEC applications.



Provider Presentation



- Virtually meeting with YSD staff
- 15-20 minute presentation
- Will be shared on website to share with families
- To be scheduled after approved application
- Provider should paint a full picture of camp for funders and marketing



9 Areas of Review:

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

Provider Presentation



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All received presentations can be found on our website:

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

Summer Camp Provider Presentations

[Return to the Summer Camp Page](#)



SELECT A CATEGORY TO VIEW PROVIDER PRESENTATIONS

Select a Category:

Educational Enrichment Camps (EEC)

Regular Camps

Special Needs Camps

Specialty Camps

Sports Camps



8) Monitoring & Compliance



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COMPLIANCE



Monitoring



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



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

Monitoring

- Location
- Programming
- Safety
- Supervision



Monitoring – Risk Assessment



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- Desk monitoring required for all approved camp sites
- On-site monitoring conducted at all new sites and any high risk sites
- All camps must receive on-site monitoring at least once every 3 years
- All Camps subjected to unscheduled on-site monitoring visits



Monitoring – Risk Assessment



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Agency Name:
Application #:
Camp Name:
Summer Year:

YSD Risk Assessment Tool

Risk Rating Key: Low(1) Less than 9 points; Medium(2) 10-13; High(3) 14+ points



Date of Assessment:
Assessed By:
Reviewed By:

Date:

Area	Description	Scoring Guide	Score	Comments
1	Longevity Number of years a camp has been working with the SCSP	High: New SCSP Camp = 0-1 year Medium: Novice SCSP Camp = 2-3 years Low: Seasoned SCSP Camp = 4+ years		
2	Provider Presentation Review of the 9 Assessment Areas during the Provider Presentation This may have resulted in a follow-up meeting with SCSP staff.	High: One or more Assessment Area did not meet requirements Medium: All Assessment Areas met requirements Low: Multiple Assessment Areas exceeded requirements		
3	Desk Audit Desk Audit findings/Item deficiencies	High: During the current year's desk audit, item deficiency(ies) were identified and remain outstanding Medium: During the current year's desk audit, item deficiency(ies) were identified Low: No item deficiencies were identified		
4	History of Corrective Action Item deficiency(ies) identified as expired, incorrect, or missing documentation	High: During the previous year's desk audit/monitoring, item deficiencies were identified related to expired, incorrect, or missing documentation. Outstanding item(s) remains. Medium: During the previous year's desk audit/monitoring, item deficiencies were identified related to expired, incorrect, or missing documentation. Low: No item deficiencies were identified		
5	History of Corrective Action Corrective Action due to findings unrelated to documentation	High: During the previous year's monitoring, Corrective Action was issued, unrelated to documentation. Resulting in a 48 hour correction deadline. Medium: During the previous year's monitoring, Corrective Action was issued, unrelated to documentation. Low: No item deficiencies were identified		
6	Grievance in Previous Year Grievance reported to SCSP by parent or camp staff	High: Camp received one or more grievances; or appropriate follow-up was not provided in a timely manner Medium: Camp had one grievance and provided SCSP with appropriate follow-up Low: No camp grievances were reported		
7	Negative Survey SCSP received negative survey comments constituting a parent grievance	High: Camp received low/negative survey result(s) and accompanying parent comment(s) Medium: Camp received low/negative survey result; without comment providing additional information Low: No negative survey responses were received		
8	Deadlines Met all program deadlines without extension request (Deadlines related to current summer and most recent previous summer; IEC Reports, invoice submissions, SCSO registration, etc)	High: Camp failed to meet one or more deadline by the due date; or did not communicate with SCSP regarding the deadline Medium: Camp failed to meet one deadline by the due date provided Low: Camp has met all required deadlines		
9	Monitoring History Monitoring facilitated over last 2 years	Has the camp received an on-site monitoring visit within the last 2 years?		
10	Management Determination Review	Senior Program Specialist & Director review risk assessment and make final determination for on-site audit.		

Total Score: _____

Risk Rating Key	Points	Frequency of On-Site Monitoring
Low = 1		Agency must be monitored at least one time per three-year period
Medium = 2		Critical factors that results in a finding must be monitored
High = 3		On-site monitoring is required



Monitoring – Risk Assessment



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- Longevity
 - # of years in operation (all 1st & 2nd year camps must have on-site monitoring)
- Provider Presentation
 - Were Assessment Areas met requirement or was support needed
- Desk Audit
 - Identified findings/item deficiencies
- History of Corrective Action
 - Documentation expired, incorrect, or missing
 - Findings that are not related to documentation



Monitoring – Risk Assessment



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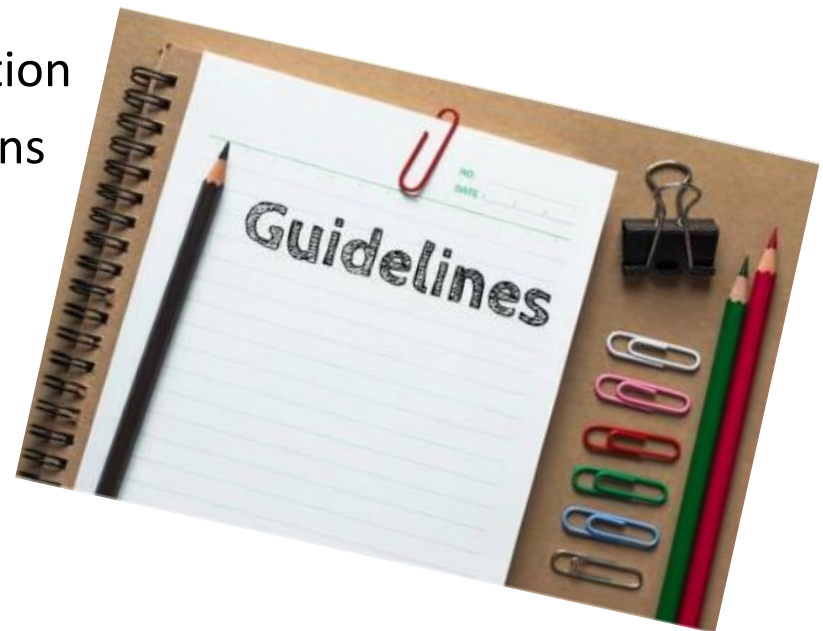
- **Grievance**
 - Received by parent or camp staff
- **Negative Survey Results**
 - From the end of summer parent survey
- **Deadlines**
 - Provider failed to meet deadlines by the due dates provided
- **Results in low, medium, and high risk**
 - All high risk sites are visited
 - Many medium risk sites had unscheduled site visits



9) Parent Application



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



Parent Applications



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Parent Applications: January 29th – April 12th 2024

Outreach Events	Date/ Time
Youth Services Extended Office Hours Tues & Thurs *appointment only	Until 7:00 pm
PBC Library System – Hagen Ranch Road Branch 14350 Hagen Ranch Road, Delray Beach, FL 33446	Saturday, February 3 rd 10am – 3pm
PBC Library System – Gardens Branch 11303 Campus Drive, Palm Beach Gardens, FL 33410	Saturday, February 10 th 10am – 3pm
PBC Library System – Belle Glade Branch 725 NW 4th St Belle Glade, FL 33430	Saturday, February 24 th 10am – 3pm
PBC Library System – Main Library 3650 Summit Blvd, West Palm Beach, FL 33406	Saturday, April 4 th 10am – 3pm

Applications are First Come, First Scholarship



First Come, First Scholarship!



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Eligibility Criteria:

Applications must meet one of the following criteria:

- Parent Applications - Household income of 185% of the Federal Poverty Level Guideline
- Agency Applications - Specialized Populations
 - Homeless/Foster Care Involved; DJJ Involved; Bridges



Parent Application Eligibility



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Eligibility Criteria:

Camper(s) must be

- A resident of Palm Beach County
- 5 years old/ enrolled or completed Voluntary Pre-Kindergarten
- Not older than 17 years old by June 1st of the application calendar year



Parent Application Documentation Requirements



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Eligibility Documentation – Proof of Income:

Applicants can no longer select “unemployed” and not upload anything. All applications will require proof of income, unemployment, or FRL letter.

Proof of Income for Entire Household (to determine household is at or below 185% of the Federal Poverty Guideline):

Earned Income - paystub; verification letter from employer, other - as approved by YSD staff.

Unearned Income- TANF, SSI, SSA/SSDI or other, as approved by YSD staff.

Any Other Income - unemployment, alimony, child-support, rental income, death benefits, etc.).

Free/ Reduced Lunch Letter from SDPBC, in-lieu of earned income as approved by YSD staff.



Parent Application Assistance



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- Camps are encouraged to assist families with their applications
- YSD also provides assistance
- Upload *Provider Waiver* for camps and YSD to utilize
- Camps MAY NOT create/submit applications obo applicants



Provider Waiver

I understand that (Summer Camp provider name) _____ is **NOT** responsible for submitting my Summer Camp Scholarship Program application. Staff is only available to provide guidance and answer questions regarding the application. I am responsible for submitting the completed application (including signing this document) for consideration of acceptance into the Summer Camp Scholarship Program.

Applications that are not submitted will not be reviewed.

By signing this waiver, I agree that I am fully aware that it is my responsibility to complete and submit the Summer Camp Scholarship Program application by the deadline.

Print Name

Signature

Date



Application Instructions



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

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

Steps to complete Summer Camp Scholarship Application

Step 1 Log in to Youth Services Department website:
www.pbcgov.com/youthservices/Pages/Summer_Camp.aspx

Step 2 Click on Parent Application

Parent Application
Click Here

Step 3 Click **Register** (on top right side of screen)

Step 4 Choose **"Parent"**

Step 5 Complete an **External User Registration** and save

Step 6 Login in with your **User Name (email address)** and **Password**

Step 7 Click

+Create Current Year



10) Resources



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



Future Leaders



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MEETING SCHEDULE

3rd
THURSDAYS

Meeting will be held
Bi-Monthly on every
Third Thursday

2024 DATES

- Jan 18th
- Mar 21st
- May 16th
- July 18th
- September 19th
- November 21st

4:30pm - 6:30pm
50 South Military Trail
Suite 203
West Palm Beach, FL, 33415



Notice of Funding Opportunity



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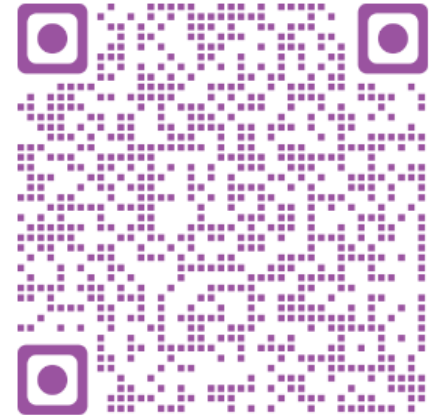


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- Spring of 2024
- NOFO released for FY 2025 funding
- Action Areas:
 - Economic Access
 - Educational Supports
 - Parenting & Role Models
- Mandatory Pre-Proposal Conference held virtually



Thank you funders!



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10) Questions



www.pbcgov.com/youthservices



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To schedule a meeting email:

WFilsAime@pbcgov.org and TWilliams4@pbcgov.org



Contact



www.pbcgov.com/youthservices



pbcyouthservices



PBCYSD



PBCYSD

Wen Fils-Aime

Program Coordinator

Office: (561) 242-5738 Cell: (561) 236-6140

Email: WFilsAime@pbcgov.org

Tamia Williams

Senior Program Specialist

Office: (561)242-5702 Cell: (561) 772-6282

Email: TWilliams4@pbcgov.org

Youth Services Department

Outreach & Community Programming Division

50 S. Military Trail, Suite 203

West Palm Beach, FL 33415

Main Phone: (561) 242-5713



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