

RESOLUTION NO. 05022016-1

**A RESOLUTION APPROVING THE 2016 FEE SCHEDULE FOR
THE AQUATIC CENTER AT BAKER PARK**

WHEREAS, the New Castle Park Board has adopted and recommended for passage a 2016 fee schedule for the Aquatic Center of Baker Park; and,

WHEREAS, after review, the New Castle Board of Works and Safety has approved that 2016 fee schedule and has also recommended adoption of same; and,

WHEREAS, said amended fee schedule and scholarship pass program, as prepared by the New Castle Park Board, should be approved by this Council.

NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL of the City of New Castle that the attached 2016 Summer Season User Fees, Rental Fees and Scholarship Pass Program is hereby approved for calendar year 2016 and all subsequent years until amended, for the New Castle swimming pool known as the Aquatic Center at Baker Park.

IT IS FURTHER RESOLVED that the Park Board should continue to review this fee schedule on an annual basis to determine if it is fair and reasonable and producing sufficient revenue to assist in the maintenance and operation of the Aquatic Center at Baker Park.

IT IS FURTHER RESOLVED that the 2016 Summer Season User Fees sheet, the 2016 Pool Rental Sheet, the 2016 Scholarship Program sheet, the 2016 Reduced Pass Eligibility Rules sheet, and the 2016 HIP Pass Application form attached hereto and incorporated herein are approved for use in the 2016 summer season.

REPEALER: All ordinances and resolutions or parts of ordinances and resolutions in conflict herewith are hereby repealed.

SEVERABILITY: Any provision herein contained which is found by a court of competent jurisdiction to be unlawful or which by operation shall be inapplicable, shall be deemed omitted but the rest and remainder of this resolution, to the extent feasible, shall remain in full force and effect.

EFFECTIVE DATE: This resolution shall become effective immediately upon passage.

ADOPTED BY THE COMMON COUNCIL OF THE CITY OF NEW CASTLE
THIS ____ DAY OF _____, 2016.

Greg York, PRESIDING OFFICER
COMMON COUNCIL, NEW CASTLE, IN

ATTEST:

CHRISTY YORK, CLERK-TREASURER

AYE

NAY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY ME THIS ____ DAY OF _____, 2016.

Greg York, Mayor
City of New Castle, Indiana



2016 SUMMER SEASON USER FEES

BAKER PARK AQUATIC CENTER

2001 South Main Street

New Castle, IN 47362

(765) 521-6840

DAILY ADMITTANCE FEES –

- ✓ **Daily Admission per person** **\$ 2.00**
- ✓ **INFANTS (ages 2 & under)** **FREE**

SPECIAL OFFERS –

- ✓ **10 PUNCH KEY TAG** **\$ 20.00**

(Each punch represents a single, daily admittance by an individual to the Baker Park Aquatic Center. A key tag may be used by multiple patrons.)

- ✓ **REDUCED PASS ASSISTANCE**

(Applications for ½ price 10 punch pass per person up to a maximum of 4 per family household can be completed and paid for in the City Clerk Treasurers Office at 227 North Main Street.)

**CHILDREN AGES 12 AND UNDER MUST BE
ACCOMPANIED BY AN ADULT!**



2016 POOL RENTAL

GENERAL POLICIES:

1. The Aquatic Center has the authority to cancel a rental at any time. (Ex: weather related—party will be rescheduled or money will be refunded if deemed appropriate by the pool manager)
2. Each group shall be responsible for the conduct of the group with a competent leader 21 years of age or over as the responsible person.
3. Groups shall require adult supervision of one adult for each 10 youth.
4. Groups must abide by all Aquatic Center rules.
5. Alcoholic beverages and smoking are prohibited.
6. The person or persons in charge and the group shall be responsible for all loss or damage to facilities and equipment caused by the group.
7. The Aquatic Center assumes no responsibility for property brought into the building.
8. Food and drinks are allowed, but they must be kept in the designated food/concession area.

RATES:

Number of Patrons	Cost for two-hour party (Available Thursday's—Saturday's, 6:30-8:30 p.m.)
1-50	\$150.00
51-100	\$225.00
101-150	\$300.00
151-200	\$400.00
201-300	\$550.00

POOL RENTAL APPLICATION

Responsible Person: _____

Group (if applicable): _____

Reservation Date: _____

Address: _____

City, State, Zip: _____

Phone: _____

Number Expected: _____

I, the undersigned, have read the foregoing application and agree to the requirements. I also understand that the Aquatic Center at Baker Park will not be held responsible for any accidents or injury occurring to any members of the group while using the facilities requested.

Signature of Responsible Individual

Date

AQUATIC CENTER AT BAKER PARK
2016 SCHOLARSHIP PROGRAM

1. SCHOLARSHIPS.

Scholarships are available to anyone who applies and meets eligibility requirements. These scholarships are not dependent upon fund availability because they are merely discounted rates; therefore, they will be granted to all eligible applicants. The scholarship program shall consist of providing one, ten (10) use punch pass per person to a maximum of four (4) persons per family household for one-half (1/2) of the normal cost.

2. APPLICATION.

Households need to apply only one time per season but must reapply each subsequent season.

The City of New Castle, Indiana will not discriminate against any scholarship applicants on the basis of race, gender, age, mental or physical disability, religion, national origin, sexual orientation, socio-economic status, or political creed.

3. ELIGIBILITY.

Any household with income at or below 135% of poverty level as set forth in the most current United States Department of Health and Human Services Poverty Guidelines is eligible for a scholarship.

Household shall be defined as immediate or extended family members living together in a single dwelling.

Immediate or extended family may consist of any combination of the following: mother, father, child, step-child, step-parents, grandparents, grandchildren, foster children, life partner, aunts, uncles, cousins.

Immediate or extended family over the legal age of 18 shall provide proof of residency within the household via a legal document, bill or financial statement showing the resident's name and address.

Household address must be within city limits of New Castle, Indiana.

Household members must provide a form of proof of eligibility as outlined in the following section ("PROOF OF ELIGIBILITY").

4. PROOF OF ELIGIBILITY.

Any one of the following shall be considered as proof of eligibility and only one of the following is necessary:

- Most recent year's tax return
- Paper or electronic copies of employment payroll stubs from previous four pay periods
- Letters of eligibility from Work Force One, ICAP Head Start, ICAP Weatherization Program, Safe at Home, Department of Family and Children, Henry Township Trustee, New Castle Housing Authority, Salvation Army, Red Cross, Westminster Community Center, LifeStream Services, any food bank that distributes federal government commodities, or any other government or not-for-profit agency that can attest to the income level of the household.

Letters must be submitted on appropriate letterhead and signed and dated by an agency official within sixty (60) days prior to submission to the Aquatic Center.

5. ELIGIBILITY CARDS.

All members of the scholarship household shall receive a waterproof 10-use punch pass (not to exceed 4 per household).

Household recipients must show their punch pass for entrance to the Aquatic Center.

Lost punch passes will not be replaced.

6. RETENTION OF ELIGIBILITY RECORDS.

Social Security numbers, driver's license numbers, dates of birth, income levels and other personally identifiable information, with the exception of name and address, will not be retained by the City of New Castle, Indiana.

All documents used to establish proof of eligibility will be returned to the household.

All City employees must maintain confidentiality of applicant records and any personally identifiable information to which employees have access.

Reduced Pass Eligibility Rules

FINANCIAL ASSISTANCE: (New Castle Residents ONLY)

The Aquatic Center at Baker Park is committed to serve people regardless of income level. However, we depend on participant fees to help maintain our services, and we believe that financial contribution encourages a sense of ownership and pride. Contingent upon financial resources of the Aquatic Center and verification of application information, financial assistance will be awarded to applicants. Reduced punch passes are \$10.00 each for city residents only.

APPLICATION PROCESS:

1. Complete Season Pass Form
2. PROOF OF ELIGIBILITY: (**Must** prove income and dependents)
The following documents will be accepted for proof of income and/or dependents; recent tax return, copies of 4 previous payroll stubs, letters from WorkOne, ICAP, Safe-at-Home, Department of Family & Children, Henry Township Trustee, NC Housing Authority, Salvation Army, Red Cross, Westminster, HC United Fund, HC Community Foundation, LifeStream Services a local food bank (letters must be submitted on appropriate letterhead and signed/dated by an agency official within 60 days prior to submission to Aquatic Center) (*Reference amendment to Ordinance #3575 of Resolution #05022016-1 for details*)
3. Take completed information to the Clerk Treasurer's Office located at 227 North Main Street, New Castle, Indiana. (NOTE: you will need to pay \$10.00 per pass, once approved)

FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON 2016 FEDERAL POVERTY GUIDELINES (135%):

2016 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,038	\$20,034	\$18,455
2	\$21,627	\$27,027	\$24,881
3	\$27,216	\$34,020	\$31,307
4	\$32,805	\$41,013	\$37,733
5	\$38,394	\$48,006	\$44,159
6	\$43,983	\$54,972	\$50,585
7	\$49,586	\$61,992	\$57,011
8	\$55,202	\$69,012	\$63,464
For each additional person, add	\$5,616	\$7,020	\$6,453

Please Note:

- [Source](#): Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037
- The federal poverty guidelines are typically updated at the end of January.

Questions can be directed to the Mayors Office 765-529-7605 or Clerks Office 765-521-6803.



2016 SCHOLARSHIP PASS APPLICATION

INDIVIDUAL-10 punch pass (1/2 price @ \$10.00)	
FAMILY 1 punch pass per member maximum of 4 (1/2 price @ \$10.00 each)	
PAID	/ /

HOUSEHOLD INFORMATION:

LAST NAME	
FIRST NAME	
SPOUSE NAME	
ADDRESS	
CITY/STATE/ZIP	
HOME PHONE	
WORK PHONE	
CELL PHONE	

DEPENDENT CHILDREN: (for Family Membership only)

NAME	DATE OF BIRTH
1.	
2.	
3.	
4.	
5.	
6.	

EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP	PHONE
1.		
2.		

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. Intentional falsification of information will result in revocation of privileges. I am also aware that it is my responsibility to notify the Aquatic Center at Baker Park, in writing, of any changes in information supplied in the application. I understand that failure to comply with any Aquatic Center rules or policies can result in immediate revocation of privileges.

SIGNATURE (MUST BE 18 YEARS OR OLDER)	DATE

Note: Only those individuals claimed on this year's income tax statement or those with proof of residency may be included on the scholarship program. The Aquatic Center may require proof of household members (most recent tax statement or other legal documents showing the resident's name and address) prior to approving your scholarship application. (Reference amendment to Ordinance #3575 of Resolution #05022016-1 for details)