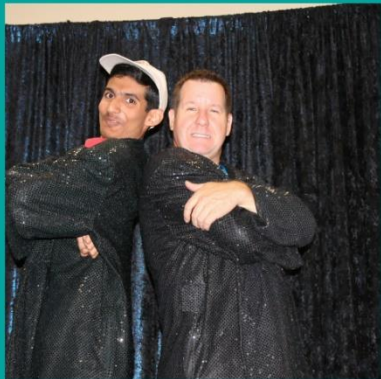
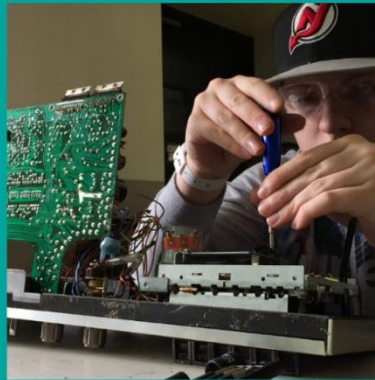




2020 Summer Program

District Registration Process and Documents





2020 Summer Program

District Registration Process and Forms

Enclosed you will find all the information and forms you will need to register for the 2020 Summer Program. We are happy to answer any questions you may have regarding our summer program. Please feel free to call us at 973.448.7529, check our website at www.LimitlessASD.com, or email us at info@LimitlessASD.com. The Limitless Summer Program is provided by DCCF, LLC, which is a private, Board of Health approved summer facility.

Step 1

What:
Complete the district registration form.

Where:
<http://www.LimitlessASD.com/district>

When:
Registration deadline is April 13th. We expect to fill up quickly - don't delay!

Step 2

What:
Check your email for a contract and invoice. Contracts and invoices will be sent out upon receipt of registration.

From: cfarr@LimitlessASD.com

When:
You will receive an email containing a contract and invoice no later than April 24th.

Step 3

What:
Submit the signed tuition contract by email or mail.

Where:
Email: cfarr@LimitlessASD.com
Mail: 30 Righter Ave., Denville NJ 07834

When:
By June 1st.

Step 4

What:
Send a check made payable to DCCF or The Developmental Center for Children and Families for the Limitless Summer Program.

Where:
30 Righter Ave., Denville, NJ 07834

When:
No later than July 1st, 2020.

Step 5

IF APPLICABLE:

What:
Send a check made payable to DCCF or The Developmental Center for Children and Families for the Limitless Extended Hours Program.

Where:
30 Righter Ave., Denville, NJ 07834

When:
No later than July 1st, 2020.

Please refer to pages 8 - 11 for a Political Disclosure Form, Certificate of Employee Information Report, W-9, and a Business Registration Certificate.

The Limitless Summer Program is provided by DCCF, LLC, which is a private, Board of Health approved summer facility



1:00pm-4:00pm



Extended Hours Program



*July 8th - August 7th,
2020*



Create Your Perfect Program!

After Care

1:1 Aides Available

Field Trips

Floortime

Tutoring

Adventure Camp

Prices start at \$55 per day



Dear School District Representative,

We are pleased to invite your student(s) to join us for the 2020 Limitless Developmental Summer Program! In this letter, we have included some helpful information regarding our program including reminders, dates, and the current tuition rates.

This year, Limitless Summer Program will be located at the Celebrate the Children School's Denville Campus (230 Diamond Spring Road, Denville, NJ 07834), and is scheduled to begin on July 8th and conclude on August 7th. Students will attend the program Monday through Friday from 9:00am - 1:00pm.

The cost for the 2020 summer program will be \$5,645.00. If a personal aide is required, an additional cost of \$2,300.00 will be applied.

Registration can be found at <http://www.LimitlessASD.com/district>. **Please complete all registration forms by April 13th, 2020.** We will fill up quickly this year and late registrations may not be accepted. Therefore, please turn in registration forms as soon as possible. Once completed registration forms are received, each school district will receive a Tuition Contract Agreement. **Please obtain appropriate signatures and return completed contract no later than June 1st, 2020.** Students will not be registered until we have received a signed tuition contract.

Payment is due by July 1st, 2020. Please include payment with the signed Tuition Contract Agreement. Payment, along with signed forms, will complete the registration process. Limitless is a small private organization which strives to provide a comprehensive developmental program that meets the individual needs of each student. We rely on tuitions and fundraising to support our program. These funds are allocated to compensate staff, as well as for support materials, supplies, and program specials. For this reason, **payment is due prior to the start of the program.** We simply cannot afford to front this expense. In some cases we are able to grant payment extensions.

PLEASE CONTACT US TO REQUEST AN EXTENSION IF YOU DO NOT FEEL YOU WILL BE ABLE TO MAKE THE DEADLINE.

We at Limitless look forward to our 23rd Annual Summer Program. Thank you for the opportunity to present our program to you. If you have any questions regarding this information or need further details regarding our program, please do not hesitate to contact us at 973.448.7529.

We hope to see you there!

Kind Regards,
Laura Baldwin, Summer Program Director



DCCF is now doing business as Limitless. Please be advised that the DCCF business certificate is still valid as we are "Limitless" in name only.



FAQs

Is Limitless still DCCF?

Limitless is still legally The Developmental Center for Children and Families. DCCF is doing business as Limitless. All our legal documentation will still say we are DCCF. Payment can still be made out to DCCF or the Developmental Center for Children and Families

When is the Limitless Summer Program?

July 8th - August 7th 2020. The day begins at 9:00am and ends at 1:00pm. The Extended Hours Program runs from 1:00pm until 4:00pm.

Where is it?

The 9:00am-1:00pm Summer Program is held at 230 Diamond Spring Road in Denville, NJ. The Extended Hours Program (1:00pm-4:00pm) is held in the young adult building at 230 Diamond Spring Road in Denville, NJ.

How much does it cost?

The base cost for the program is \$5,645.00. Personal aides are an additional \$2,300. The Extended Hours Program varies in cost.

When is registration due?

April 13th, 2020.

When is the tuition contract due?

June 1st. Please send the signed contract to cfarr@LimitlessASD.com or mail it to 30 Righter Ave., Denville, NJ 07834.

When is payment due?

Payment is due July 1st. No refunds for cancellations will be granted after this date. Please email us at cfarr@LimitlessASD.com or call us at 973.448.7529 to request an extension if you are unable to make a payment by July 1st.

What if we cannot make payment by the due date?

Please email us at cfarr@limitlessASD.com or call us at 973.448.7529 to request an extension if you are unable to make a payment by July 1st.

What is the Extended Hours Program?

The Extended Hours Program offers additional services after the end of the day of the Limitless Summer Program. The program runs from 1:00pm - 4:00pm and offers Floortime therapy, Tutoring, and general after care. These services are available for an additional fee.

Whom do I contact if I have questions?

Please email info@LimitlessASD.com with any questions.

Business and Accounting Email: cfarr@LimitlessASD.com

Phone: 973.448.7529

Fax: 973.691.5657

Mailing Address:

30 Righter Ave.

Denville, NJ 07834

Director Email:

lbaldwin@LimitlessASD.com

W-9

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

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

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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.

Social security number

or

Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶

Crystal Farr

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I – Vendor Information

Vendor Name:	Developmental Center for Children and Families		
Address:	30 Righter Ave		
City:	Denville	State:	NJ
		Zip:	07834

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Signature Cynthia Ann

CRYSTAL FARR

Office Manager
Title / Date

Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.

[illegible]

☐ Check here if the information is continued on subsequent page(s)

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not limited to the following: employment, upgrading, demotion, or transfer; reselection for training, including apprenticeship. The contractor agrees to post in conspicuous places available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting for provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to **N.J.S.A. 10:5-31 et seq.** as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to afford equal employment opportunities to minority and women workers consistent with Good faith efforts to meet targeted county employment goals established in accordance with **N.J.A.C. 17:27-5.2.**

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personal testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal Law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302

The contractor and its subcontractor shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the Division from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant **to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**

Submitted by: Crystal Farr

Name of Firm: Limitless

By: Crystal Farr

Title: Director

Date: 5-21-19



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION #:

VENDOR/BIDDER:

Limitless (DCCF, LLC)

PART 1

CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

CHECK THE APPROPRIATE BOX



OR

A. I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.



B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran by completing the boxes below.

ENTITY NAME:

RELATIONSHIP TO VENDOR/BIDDER:

DESCRIPTION OF ACTIVITIES:

DURATION OF ENGAGEMENT:

ANTICIPATED CESSATION DATE:

VENDOR/BIDDER CONTACT NAME:

VENDOR/BIDDER CONTACT PHONE No.:

Attach Additional Sheets If Necessary.

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature

Date

Print Name and Title

Certification 43461

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-JUN-2019** to **15-JUN-2022**

DEVELOPMENTAL CENTER FOR CHILDREN & FAMILITIE
30 RIGHTER AVE.
DENVILLE NJ 07834



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO
State Treasurer

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

DEVELOPMENT CENTER FOR CHILDREN AND FAMI

ADDRESS:

30 RIGHTER AVE
DENVER NJ 07834

EFFECTIVE DATE:

03/02/05

TRADE NAME:

SEQUENCE NUMBER:

1130903

ISSUANCE DATE:

08/24/17

James J. Fusione

Director
New Jersey Division of Revenue

FORM-BRC

(04-08) D205846V

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.