

Welcome to the 2022 Care Camps Grant Application!

We wish to take this opportunity to thank you and your camp staff for all of your hard work and the passion that goes into providing these special children with such a unique and valuable camp experience. We are very proud to be associated with COCA. Until there is a cure we will be working hard to provide funding to help make your task a little easier.

Care Camps -2981 Ford St. Ext. PMB179, Ogdensburg, NY 13669-3474

Care Camps of Canada - Contact Karen- 613-889-2567

1-800-431-0513 or karen@carecamps.org

Survey answers will remain confidential and be used for the purpose of needs assessment and compiling statistical data for use by Care Camps in strategic planning.

**Submission Deadline: April 15, 2022**

## Information About Your Camp

\* 1. What is the operating name of the oncology camp you are requesting funding for ?

\* 2. What is the legal name of your organization?

\* 3. What is your EIN# (US) or BN# (Canada)

4. What is the camp's website address?

5. Do you own or rent your camp facilities?

Own

Rent

\* 6. What amount did you receive from Care Camps last year and what amount are you asking for this year?

Actual 2021

Planned 2022

**\* 7. Your Camp's Geographical Location (WHERE YOUR CAMP TAKES PLACE, not your office location)**  
please note that we have a map on our website and require your longitude and latitude to add your camp location to our map.

Site Name	<input type="text"/>
Physical Address	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Longitude	<input type="text"/>
Latitude	<input type="text"/>

**8. Who is the Executive in Charge of your Camp?**

Name	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Contact/Title	<input type="text"/>
Business Phone	<input type="text"/>
Contact Email	<input type="text"/>

**9. Umbrella Non-Profit Organization (if applicable)**

Name	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Contact/Title	<input type="text"/>
Business Phone	<input type="text"/>
Contact Email	<input type="text"/>

10. If you are successful in receiving a grant who should the check/cheque be payable to?

11. If you are successful in receiving a grant where should the check/cheque be delivered/mailed?

To # 9 above (enter yes)

To # 10 above (enter yes)

Or to: Name

c/o:

Address:

Address:

City

State/Prov

ZIP/Postal

PHONE:

ALT PHONE:

12. Care Camps currently operates a program called Connect-A-Camp where our donors are matched to their nearest oncology camp and asked, when possible, to deliver the check for the grant funds and to build an ongoing relationship with the camp. Are you currently participating in the Connect-A-Camp program?

Yes

No

Which donor are you connected with?

13. Please provide the contact information for the person at your camp that we should reach out to about the Connect-A-Camp program.

Name

Email Address

Phone Number

14. If you are currently participating in the Connect-A-Camp program could you please provide your comments on your relationship with your connection (both positive and negative) and the effectiveness of this program. (Answers will be held in confidence.)

15. If you have established a Connect-A-Camp relationship with a donor, how many times in a year do you connect?

## COCA/Organization Related Questions

16. Are You a Member of COCA, the Children's Oncology Camping Association?

Yes

**No: Please go to [www.COCAI.org](http://www.COCAI.org) to join before proceeding to complete the application**

In 2014 Care Camps and COCA entered into an strategic alliance in which Care Camps acts as a national fundraising agent and COCA oversees the quality assurance program for the camps we support.

NOTE: In order to qualify for a 2022 Care Camps grant you must be a member of COCA and your dues must be paid for the 2022 membership year.

Please contact Jennifer Amundsen, Executive Director: 205-410-7154 or [jennifer.amundsen@cocai.org](mailto:jennifer.amundsen@cocai.org) or Ryan Campbell, Program Manager, [ryan.campbell@cocai.org](mailto:ryan.campbell@cocai.org) if you have any questions about COCA membership and its benefits.

17. Does your camp currently have COCA Gold Ribbon Status (either legacy or accredited)? Camps must have the Gold Ribbon process started by Dec 31, 2022, to continue to receive grant funds from Care Camps. (New Camps must start within 2 years of joining COCA)

YES

NO

18. If your camp does not have COCA Gold Ribbon Accreditation as yet, please advise of your plans to earn it, and the projected date for achievement.

19. Have you attended the COCA Conference or a regional meeting, either virtually or in person, in the last three years? Please note that a representative from your camp must attend the COCA convention or a regional meeting at least once every three years to receive grant funding.

Yes

No

20. If you did not attend the COCA conference or a regional meeting in the last three years what was your reason for not attending?

21. Do you belong to any associations or organizations other than COCA or ACA?

Yes

No

If Yes, please list the ones you belong to.

22. Has your camp received any other quality endorsements/certifications?

Yes

No

If Yes, please list all the ones you belong to.

23. Is your camp, or the camp you rent facilities from, accredited by the ACA (American Camp Association)?

Yes

No

## Details of your Camp Sessions

\* 24. Please list the age range of your campers who have or are in remission from cancer. (Do not include parents or siblings please)

Actual 2021

(youngest/oldest)

Planned 2022

(youngest/oldest)

25. During 2021 did you do any of the following?

- Virtual Camp
- Camp in A Box
- Virtual Camp Counselor Sessions
- In Hospital Programs
- Family Retreats
- In Person Programming
- Bereavement Camp
- Sibling Camps
- Other (please specify)

26. During 2022 are you planning to do any of the following?

- Virtual Camp
- Camp in A Box
- Virtual Camp Counselor Sessions
- In Hospital Programs
- Family Retreats
- In Person Programming
- Bereavement Camp
- Siblings Camp
- Other (please specify)



\* 27. Does your organization offer programming on a year round basis?

Yes

No

If Yes, please describe that programming

28. In addition to existing programming, are there any new or expanded programs you would like to add in 2022 to better support children with cancer and their families?"

Yes

No, not at this time.

29. If you answered yes to 35 above, please describe the program you would like to add or expand:

30. If you answered yes to 35 above, what is the initial cost to set up the program and run for 1 year?

31. If you answered yes to 35 above, what are the estimated annual costs to maintain the program

32. Is this a day camp or a residential camp?

Day

Overnight

Both

\* 33. How many sessions did/will you offer? (please include all types of camps- day, night, week, weekend and camp-ins)

Actual 2021

Planned 2022

34. What type of Session are you planning (ie family camp, in-person program etc)

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7	<input type="text"/>
Session 8	<input type="text"/>
Session 9	<input type="text"/>
Session 10	<input type="text"/>

35. On what dates will your sessions take place in 2022?

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7	<input type="text"/>
Session 8	<input type="text"/>
Session 9	<input type="text"/>
Session 10	<input type="text"/>
Additional Dates:	<input type="text"/>

36. How many days/nights in each session?

Session 1 (days/nights)

Session 2 (days/nights)

Session 3 (days/nights)

Session 4 (days/nights)

Session 5 (days/nights)

Session 6 (days/nights)

Session 7 (days/nights)

Session 8 (days/nights)

Session 9 (days/nights)

Session 10 (days/nights)

Additional Sessions:

37. How many days/nights in total was/will your camp operate?

Actual 2021 (days/nights)

Planned 2022 (days/nights)

\* 38. How many unique children WITH OR IN REMISSION FROM CANCER did you serve (total over all sessions)? (if a child attends more than one session he/she is only counted once as 1 unique child). PLEASE DO NOT INCLUDE SIBLINGS OR PARENTS

Actual 2021

Planned 2022

\* 39. How many unique siblings of children with cancer did you serve (total over all sessions)? (if a sibling attends more than one session he/she is only counted once as a unique sibling).

Actual 2021

Planned 2022

\* 40. How many unique parents/grandparents of children with cancer did you serve (total over all sessions)? If a parent/grandparent attends more than one session he/she is still counted as 1 unique person)

Actual 2021

Planned 2022

\* 41. Did you serve anyone else not listed above in your cancer programming and if so how many (total of all sessions)? Do not include campers with other medical conditions.

Actual 2021 (How Many?)

Specify who:

Planned 2022 (How Many?)

Specify who:

\* 42. For your 2021 camp sessions did you turn anyone away due to shortage of capacity?

Yes

No

If Yes, how was your capacity limited?

43. If your answer to the question above was yes please indicate how many children/siblings/immediate family members were turned away.

\* 44. What are the total operating expenditures for last year and projected expenditures for this year's ONCOLOGY camp? Please DO NOT include costs for programs related to other illnesses, Gift in Kind support or any fundraising salaries and expenses.

Actual 2021

Planned 2022

45. What amount of your costs are covered through GIFT IN KIND donations? (not included above and not including fundraising salaries and expenses)

Actual 2021

Budgeted 2022

\* 46. What is your average \*PER DAY\* cost per child WITH OR IN REMISSION FROM cancer? (Total operating expenditures +GIFT IN KIND SUPPORT less ownership costs) /divided by (# of children with cancer/# of days in your camp session (exclude fundraising salaries/fundraising costs/depreciation.)

Actual 2021

Planned 2022

47. Of your operating expenditures how much of that cost, if any, relates to the ownership of your facilities. ( ie taxes, repairs and maintenance, utilities etc.) NOT INCLUDED ABOVE

Actual 2021

Planned 2022

\* 48. What percentage of your cancer camp's 2022 budget does your request represent? (request / total operating costs+gift in kind support)

49. Did you meet your Fundraising Goals for 2021

Yes

No

50. If you answered No to the question above, what % of your goal were you short?

## Information About This Year's Camp

51. How many camp staff, including counselors, are required to run your camp program, both paid and unpaid?

Actual 2021

Planned 2022

52. How many of your camp staff, including counselors, are paid for their services?

Actual 2021

Planned 2022

\* 53. How many of your camp staff receive remuneration in excess of \$100,000?

54. How many MEDICAL volunteers (not counted above) are involved with the operation of your camp?

Actual 2021

Planned 2022

55. How many NON-MEDICAL Volunteers (not counted above) are involved with the operation of your camp?

Actual 2021

Planned 2022

56. Of your volunteers or counselors, what percentage of them have attended an oncology camp as a camper?

Actual 2021

Planned 2022

57. Care Camps wishes to have their contribution used exclusively for the support of your current year's Oncology camp programs. Is that possible under your organizational setup?

Yes

No

## Care Camps Questions

58. A requirement for grant funding is that you have a link to the Care Camps website (<http://www.carecamps.org>) on your website. Please add our link before submitting your application.

- Yes  
 No

59. We ask that you add the Care Camps Logo to your promotional materials. (Tee-Shirts, handouts, etc.)

Please note that our current logo has a Gold Ribbon in the box at the top, not a KOA logo. If you are using the old logo please update your records. The charity has also updated its name so goes by "Care Camps". If you are using the old name "KOA Care Camps" we ask that you update your records. Thank you!

If you require our new logo, please enter your e-mail address below, and we will have it sent to you.

60. Would you or any of your staff be willing to participate in our efforts to raise funds through speaking at one of our state meetings or be involved with one of our local donors fundraising projects?

- Yes  
 No

**REQUIREMENTS FOR RECEIVING GRANT FUNDING FROM CARE CAMPS:**

The following items are required to receive funding from Care Camps.

**Required Financial documents, to be received no later than April 15th, 2022:**

1. The charity's most recent IRS 990 form or their Canadian T3010.
2. A certificate of liability insurance stating the current amount of liability coverage
3. Financials for 2021 (if final numbers are not available yet, then drafts may be submitted)
4. Projected budget for 2022
5. Audited financial statements for 2021, if available. (or 2020, if 2021 is not yet available)

**Required marketing materials, to be sent to Care Camps no later than September 15th, 2022:**

1. A handwritten thank you from each child attending camp to a donor from a list we will send you upon receipt of your grant. We encourage kids to enclose pictures of themselves and use creativity to make the donor feel appreciated and special! **These thank you notes should be sent directly to Jennifer Mercer, 2701 Glenwood Lane, Billings, MT, 59102-1805**
2. A close-up photo of each child (or family) holding a thank you sign from the downloadable list, ( we understand that this is subject to privacy concerns and not all children will be able to do so) If holding in-person camp, signs should be printed out on 24"x36" foam-core or coroplast.
3. Provide 25 high-quality photos of kids at camp, with a special focus on photos that "tell the stories" of what camps do to help our kids and families. These precious photos are invaluable in helping us raise more funds for your camp! **Please note that these photos may be used in our marketing materials, so you must have parental permission for us to share them. Sending photos or videos to us implies that you have received the proper consent.**
4. 5 video testimonials or thank you videos from kids that you serve, saying thank you and explaining what camp means to them. These will be used to help our donors understand the impact they are having.
5. The names and contact information for 5 families who are willing to share their stories to help other kids get to camp. (We would call and interview them for a feature story.)

**The supporting documents for the financial requirements, as well as marketing requirements # 2 to # 5, should be forwarded to [carecampspv@gmail.com](mailto:carecampspv@gmail.com)**

61. Please provide contact information for the person responsible for the above marketing materials.

Name

Email Address

Phone Number



## 62. Supplemental Grant for Professional Photography/Videography

My camp would like to apply for supplemental funding to help cover the costs of professional photography/videography services to market our camp and the work we do. By applying for this grant, we agree to capture photos/videos using the guidelines that will be provided by Care Camps and submit all raw and finished photo/video content to Care Camps for their use in marketing to raise funds for our cause.

These grant funds are limited, and recipients will be chosen based on the response below.

\$500 towards professional photography

\$2,000 towards professional videography

63. If you are applying for a supplemental grant please give us a few ideas of how you would utilize this photo/video grant to better capture the heart of your mission, promote your camp, or serve your kids and families:

64. If you are applying for this supplemental grant, please provide the contact info of the person responsible for this project

**Name**

**Email Address**

**Phone Number**

## Capital Improvements & Other Information

**PLEASE DO NOT INCLUDE INFORMATION RELATED TO YOUR OPERATING GRANT IN THIS SECTION- THESE QUESTIONS ONLY APPLY IF YOU ARE REQUESTING ADDITIONAL FUNDS TO PURCHASE ITEMS TO IMPROVE YOUR PROGRAMS.**

**Care Camps has a limited amount of funding available to help support the purchase of capital items or improvements. Examples of these expenditures/capital improvements are sports equipment, new mattresses, canoes, computer upgrades, first aid equipment, personal protection equipment. etc.**

**Our capital grants average \$3,500 to \$5,000. The maximum available for any one item is \$15k, unless there are special circumstances involved.**

**NOTE: capital funds must be spent within the funding year, and cannot be carried forward. Proof of purchase and proof of payment are required for cost reimbursement.**

65. Please list the item/capital improvement(s) you would like funding for in PRIORITY ORDER

Item # 1	<input type="text"/>
Item # 2	<input type="text"/>
Item # 3	<input type="text"/>

66. Please explain how this item/Capital Improvement will improve your programming

Item # 1	<input type="text"/>
Item # 2	<input type="text"/>
Item # 3	<input type="text"/>

67. What is the total cost of the item/capital improvement you are interested in acquiring?

Item # 1	<input type="text"/>
Item # 2	<input type="text"/>
Item # 3	<input type="text"/>

68. What amount of the cost would you like Care Camps to fund?

Item # 1

Item # 2

Item # 3

69. Do you own the facilities where you hold your camp(s)?

Yes

No

70. Due to the limit of funds, Care Camps may not be able to fund your request. Will you proceed with the project if Care Camps CANNOT fund your request?

Yes, we will proceed regardless of Care Camps funding

No, we will not be able to proceed without funding from Care Camps

Not Sure

71. What % of the total cost do you already have funding available for?

Item # 1

Item # 2

Item # 3

Thank you for completing the funding application. If you provide us with all of the necessary information and attachments you can expect to receive a reply to your request by April 30th.

We are planning to have the funding checks/cheques ready for release no later than May 15th.

If you have any questions, comments or concerns you can reach me at:

karen@carecamps.org or 800-431-0513