

Submission Deadline: March 31, 2023

On behalf of Care Camps, we are so grateful for the wonderful services, programs, and support your camp provides children living with cancer and their families.

PLEASE READ THE $\underline{\text{GRANT INFORMATION SHEET}}$ (especially the application requirements) before completing the questions below.

All the information requested in the application must be completed for consideration of funding. Your answers will remain confidential and used solely for the purpose of assessing, compiling and tracking data for our ongoing strategic planning.

Please contact me if you have any questions. Thank you! Lexi Bickford, Program Coordinator lexi@carecamps.org



COCA and Other Affiliations
1. Are You a Member of COCA (Children's Oncology Camping Association)?
○ Yes
No (STOP and go to www.COCAI.org to join before completing this application.)
2. Does your camp currently have COCA Gold Ribbon Status (either legacy or accredited)? NOTE: For future reference, ALL CAMPS must have started the Gold Ribbon process by Dec 31, 2023, to receive grant funding from Care Camps. New Camps must begin within two years of joining COCA.
Yes
○ No
If NO, please state your plans and projected date for achievement.
3. Has a representative from your camp attended a COCA annual conference or a regional meeting, either virtually or in person, in the past three years? NOTE: A representative from your camp must attend the COCA conference or a regional meeting at least once every three years to receive grant funding.
Yes
○ No
If YES, please list conference/s (and dates) attended.
4. If a representative from your camp was not able attend the COCA annual conference or a
regional meeting in the last three years, please state reason.

Yes	
No	
If YES, please lis	et other memberships.
6. Has your c	amp received other quality endorsements and/or certifications?
Yes	
□ No	
If YES, please lis	it.
7 Io woun oon	on on the comp facilities you part, accredited by the ACA?
	np, or the camp facilities you rent, accredited by the ACA?
Yes	
O No	
NOTE: A requ	mps acknowledged and linked on your website? nirement for grant funding is to list <u>Care Camps website</u> on your website. Plea abmitting your application.
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Camp General Information
* 11. What is the operating name of the pediatric oncology camp you are requesting funding for?
* 12. What is the legal name of your camp?
* 13. What is your camp's EIN# (US) or BN# (Canada)?
14. What is your camp's website address?
15. Does your camp own or rent facilities?
Own
Rent
Other (please specify)
* 16. What is the total amount of funding your camp received from Care Camps in 2022 and
what amount are you requesting for 2023?
Received in 2022
Requesting for 2023

17. Did any fund	ding received from Care	Camps in 202	2 go towards C	ovid-related supplies?	
O Yes					
O No					
If YES, what was th	e estimated amount?				
18. If approved related supplies Yes No	for Care Camps funding ?	this year, will	any of the fund	s go towards Covid-	
If YES, what is the	estimated amount?				
LOCATED, not you	Camp's geographical loc r office location)? and latitude are required				
Site Name					
Physical Address					
City					
State/Province					
Zip/Postal Code					
Longitude					
Latitude					
20. Who is the Exe	cutive Director or leader	r in charge of	your camp?		
Name					
Title					
Mailing Address					
City					
State/Province					
Zip/Postal Code					
Business Phone					
Contact Email					

21. List your camp	o's umbrella non-profit or	rganization (if applicable).
Name		
Mailing Address		
City		
State/Province		
Zip/Postal Code		
Contact/Title		
Business Phone		
Contact Email		
22. If your camp r to?	eceives a grant from Car	re Camps who should the check/cheque be payable
23. If your camp r delivered/mailed?		re Camps, where should the check/cheque be
Name		
c/o:		
Mailing Address:		
City		
State/Prov		
ZIP/Postal		
PHONE:		
ALT PHONE:		



Camp Sessions		
* 24. List the age ranges of your campers who have cancer or are in remission.		
NOTE: Do not include parents or siblings.		
Actual 2022 (youngest- oldest)		
Projected 2023 (youngest-oldest)		
25. In 2022, what services and programs did your camp provide? (Check all that apply.)		
☐ Virtual Camp		
Camp in a Box		
In-Hospital Camp		
Family Retreat		
Overnight Residential Camp		
Bereavement Camp		
Sibling Camp		
Other (please specify)		
26. For 2023, what services will your camp provide?		
Virtual Camp		
Camp in a Box		
In-Hospital Camp		
Family Retreat		
Overnight Residential Camp		
Bereavement Camp		
Sibling Camp		
Other (please specify)		

* 27. Does your camp offer services or programs on a year-round basis?
Yes
☐ No
If YES, please describe.
28. In addition to your camp's current programming, are there plans to add new or expand programs and services in 2023 to better support children with cancer and their families?
Yes
No, not at this time.
If YES, please describe.
29. If you answered YES to #28 above, what is the estimated cost to develop and implement
for one year, AND to maintain annually?
30. Is your camp considered a 'day' or an 'overnight' camp?
O Day
Overnight
Both
* 31. How many total sessions did your camp offer in 2022 and how many are planned for 2023?
NOTE: Include all types of camps: day, night, week, weekend and camp-ins for your annual
session tally.
Actual 2022
Planned 2023
Talanied 2020
32. How many total days and nights did your camp operate in 2022 and will operate in 2023?
Actual 2022
(days/nights)
Planned 2023 (days/nights)
(utys/mgnts)

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7 Session 8 Session 9 Session 10 * 34. What is the unique total number of children WITH OR IN REMISSION FROM CANCER who attended your camp in 2022, and projected to attend in 2023?
Session 3 Session 4 Session 5 Session 6 Session 7 Session 8 Session 9 Session 10 * 34. What is the unique total number of children WITH OR IN REMISSION FROM CANCER
Session 4 Session 5 Session 6 Session 7 Session 8 Session 9 Session 10 * 34. What is the unique total number of children WITH OR IN REMISSION FROM CANCER
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NOTE: For children who attend more than one session, they are counted as ONE unique child. PLEASE DO NOT INCLUDE SIBLINGS OR PARENTS. Actual 2022
Projected 2023
* 35. What is the unique total number of siblings of children with cancer who attended your camp in 2022, and projected to attend in 2023? NOTE: For siblings who attend more than one session, they are counted as ONE unique sibling. Actual 2022 Projected 2023
* 36. What is the unique total number of parents and grandparents of children with cancer who attended your camp in 2022, and projected to attend in 2023? NOTE: For parents/grandparents who attend more than one session, they are counted as ONE unique person. Actual 2022 Projected 2023

· ·	np serve anyone else in 2022 and is your camp planning to serve others not
listed in #34-36?	
NOTE: Include est	timated numbers and do not include campers with other medical conditions.
Actual 2022 (How	
Many?)	
Control of the control	
Specify who:	
Planned 2023 (How Many?)	
Specify who:	
* 38 What were w	our camp's the total operating expenditures for 2022 and what are the
projected expendi	
	iclude costs for programs related to other illnesses, 'Gift in Kind' support, or
any fundraising sa	laries and expenses.
Actual 2022	
Projected 2023	
2022 and are proje NOTE: DO NOT in	total amount of your costs are covered through GIFT IN KIND donations in ected for 2023? Iclude programs related to other illnesses or any fundraising salaries and
expenses.	
Actual 2022	
Projected 2023	
* 40. What is the a	average *PER DAY* cost per child to attend your camp?
NOTE: To calcula	te use this <u>spreadsheet</u> .
Actual 2022	
Projected 2023	
· -	's operating expenditures, what is the total cost related to the ownership of
your facilities (i.e.	, taxes, repairs, maintenance, utilities, etc.)?
Actual 2022	
Projected 2023	
* 12 What nercon	tage of your camp's 2023 budget does your grant request represent?
-	at Request / Total Operating Costs + Gifts in Kind
Joo Iommana, Oran	22. Care and a portion of the contract of the

Yes		
○ No		
f NO, what was the per	rcentage of your fundraising goal	achieved?



Camp Staffing	
44. How many staf	f, including counselors, are required to run your camp's programs and l and unpaid)?
Actual 2022	
Projected 2023	
45. How many staf	f, including counselors, are paid for their services?
Actual 2022	
Projected 2023	
* 46. How many st	aff receive remuneration in excess of \$100,000?
47. How many ME your camp?	DICAL volunteers (not counted in #45) are involved with the operation of
· ·	DICAL volunteers (not counted in #45) are involved with the operation of
your camp?	DICAL volunteers (not counted in #45) are involved with the operation of
your camp? Actual 2022 Projected 2023 48. How many NO	N-MEDICAL volunteers (not counted in #45) are involved with the
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your camp? Actual 2022 Projected 2023 48. How many NO operation of your of Actual 2022 Projected 2023 49. What percental	N-MEDICAL volunteers (not counted in #45) are involved with the camp? ge of your camp's volunteers or counselors attended a pediatric oncology

50. If grant funding is awarded, does your camp plan to use the funds for programs and services in 2023?
NOTE: Care Camps requires that all funding received is used exclusively for 2023.
○ Yes
○ No
51. Would your camp be willing to participate in Care Camps fundraising efforts, e.g., presenting at a state or regional meeting or being involved with a local fundraising project?
Yes
○ No
52. Would your camp be willing to host Care Camps Ambassadors (i.e., individual donors, board members, staff, KOA campground owners, etc.) for a day or specific event during your camp sessions this year? Yes
○ No
If yes, please list contact person with email and phone number.



ADDENDUM: Capital Improvements Application (Questions 53-59)

THIS IS A SEPARATE APPLICATION. PLEASE ANSWER THE FOLLOWING QUESTIONS *ONLY* IF YOUR CAMP IS REQUESTING ADDITIONAL FUNDS TO PURCHASE SPECIFIC ITEMS TO IMPROVE YOUR PROGRAMS AND SERVICES.

Care Camps has a limited amount of funding available to help support the purchase of capital items or improvements, e.g., sports equipment, new mattresses, canoes, computer upgrades, first aid equipment, personal protection equipment, etc. Capital grants average \$3,500 to \$5,000.

NOTE: If awarded an additional capital grant, funds must be spent within 2023, and cannot be carried forward. Proof of purchase and proof of payment are required for cost reimbursement.

For this section, PLEASE DO NOT INCLUDE INFORMATION RELATED TO YOUR OPERATING GRANT REQUEST (QUESTIONS 1-52).

53. List the capital	improvement item/s your camp is requesting funding in PRIORITY ORDER
Item 1	
Item 2	
Item 3	
54. State how the o	capital improvement item/s (listed above) will improve your programs and
Item 1	
Item 2	
Item 3	
55. What is the total cost of each capital improvement item listed above?	
Item 1	
Item 2	
Item 3	

56. What funding is being requested for each item listed above?
Item 1
Item 2
Item 3
57. What percentage of the total cost of each item listed above is your camp able to fund?
Item 1
Item 2
Item 3
58. If Care Camps is unable to fund your request, will your camp proceed with the project? Yes, we will proceed regardless of Care Camps funding
No, we will not be able to proceed without funding from Care Camps
O Not Sure
Not sure
59. If you had one wish for a 'big ticket' item that your camp needs to improve your services and programs, what would it be? NOTE: There are no guarantees we will be able to fulfill your wish and it would be helpful for us to know what is needed in case an additional funding opportunity arises.
59. If you had one wish for a 'big ticket' item that your camp needs to improve your services and programs, what would it be? NOTE: There are no guarantees we will be able to fulfill your wish and it would be helpful for
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