

## 1. CARE CAMPS

Welcome to the 2018 Care Camps funding 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 your organization. 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 - 609 Pittston Road, Cardinal, ON, K0E1E0  
1-800-431-0513 or [kmcandrew@koacarecamps.org](mailto:kmcandrew@koacarecamps.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, 2018

## 2. Information About Your Camp

\* 1. What is the name of the oncology camp you want funding for?

2. 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 will oversee a quality assurance program for the camps we support.

NOTE: In order to qualify for a 2018 Care Camps grant you must be a member of COCA and your dues must be paid for the 2018 membership year.

Please contact Allen Brockman 314-469-8034 or [allen@camprainbow.org](mailto:allen@camprainbow.org) if you have questions about COCAI membership and its benefits.

\* 3. What is the legal name of your organization?

\* 4. What is your EIN# (US) or BN# (Canada)

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 2017

Planned 2018

7. If your request is more than a 10% increase please provide the reason for the additional funding requirement

\* 8. Your Camp's Geographical Location (Where does your camp take place?) 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

Physical Address

City

State/Province

Zip/Postal Code

Longitude

Latitude

9. Cancer Camp Executive-in-Charge

Name

Mailing Address

City

State/Province

Zip/Postal Code

Contact/Title

Business Phone

Contact Email

10. Umbrella Non-Profit Organization (if applicable)

Name

Mailing Address

City

State/Province

Zip/Postal Code

Contact/Title

Business Phone

Contact Email

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

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

Name:

c/o:

Address:

Address:

State/Prov

ZIP/Postal

PHONE:

ALT PHONE:

13. Care Camps currently operates a program called Connect-A-Camp where KOA campground owners are matched to their nearest cancer 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 KOA are you connected with?

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

15. Has your camp been Gold Ribbon certified by COCA?

YES

NO

16. If your answer is No to Question 15 above please advise on when you plan to become Gold Ribbon certified. It is our goal to have all of the camps we support Gold Ribbon certified by 2020.

17. Have you attended a COCA Convention in the last three years? Please note that a representative from your camp must attend the COCA convention or a "Mini" COCA meeting at least once every three years.

Yes

No

18. If you did not attend the COCA conference or a mini COCA in 2016 or 2017 what was your reason.

19. Do you belong to any associations or organizations other than COCA, COPAC or ACA?

Yes

No

If Yes, please list the ones you belong to.

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

Yes

No

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

Yes

No

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

### 3. Details of your Camp Sessions

\* 1. Please list the age range of your campers.

Actual 2017

Planned 2018

\* 2. Do you operate your camp on a year round basis?

Yes

No

3. Is this a day camp or an residential camp?

Day

Overnight

Both

\* 4. How many sessions did/will you offer? (please include all types of camps- day, night, week, weekend and camp-ins)

Actual 2017

Planned 2018

5. On what dates will your sessions take place in 2018?

6. How many days in a session did you have last year and how many do you plan for this year?

Actual 2017

Planned 2018

7. How many days in total was/will your camp be operating?

Actual 2017

Planned 2018

\* 8. 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 is still counted as 1 unique child).

Actual 2017

Planned 2018

\* 9. How many unique siblings of children with cancer did you serve (total over all sessions)? (if a sibling attends more than one session he is still counted as 1 unique person).

Actual 2017

Planned 2018

\* 10. 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 2017

Planned 2018

\* 11. Did you serve anyone else not listed above and if so how many (total of all sessions)?

Actual 2017

Specify who:

Planned 2018

Specify who:

\* 12. For your 2017 camp sessions did you turn anyone away due to lack of funding or shortage of space?

Yes

No

13. If your answer to #12 above was yes please indicate how many children were turned away.

\* 14. What is your average camp cost per child WITH OR IN REMISSION FROM cancer? Total operating expenditures of camp / # of children with cancer (exclude fundraising salaries/fundraising costs/depreciation.)

Actual 2017

Planned 2018



\* 15. 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.

Actual 2017

Planned 2018

16. Of the operating expenditures reported in Question 15 how much of that cost, if any, relates to the ownership of your facilities. ( ie taxes, repairs and maintenance, utilities etc.)

Actual 2017

Planned 2018

\* 17. What percentage of your cancer camp's 2018 budget does your request represent? (request / total costs)

18. List all major contributors that donated 20% or more to your camp's budget in 2017

## 4. Information About This Year's Camp

1. How many camp staff, including counselors, are required to run your camp program?

Actual 2017

Planned 2018

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

Actual 2017

Planned 2018

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

Actual 2017

Planned 2018

\* 4. How many of your camp staff receive remuneration in excess of \$100,000?

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

Yes

No

\* 6. The following items are required to complete your application. By checking below you agree to send these documents to the Care Camps office at [info@koacarecamps.org](mailto:info@koacarecamps.org).

Most recent form 990 (or Canadian T3010)

A certificate of liability insurance stating the current amount of liability coverage

Operating statements for 2017 (if final numbers are not available yet then drafts may be submitted)

Projected budget for 2018

## 5. Care Camps Questions

1. Do you currently have a link to Care Camps website (<http://www.carecamps.org>) on your website? If not we ask that you please add it to your website

Yes

No

2. We ask that you add the Care Camps Logo to your promotional materials. (Tee-Shirts, handouts, etc.) Are you currently doing this?

Yes

No

3. To help us in our marketing efforts we ask that you send a DVD and/or pictures of your camp and activities to Care Camps for potential use in our promotional material. (You-Tube compatible would be appreciated). Are you able to provide this material?

Yes

No

4. 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 KOA Kampground's fundraising projects?

Yes

No

Did you know that Care Camps operates an RV/Auto/Equipment donation program? You can find out more information on our website at <https://koacarecamps.org/auto-rv-boat-machinery-construction-farm-equipment-donations/> or contact Barry Stern at 1-888-320-1414.

## 6. Capital Improvements & Other Information

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 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 payment are required before funding.**

1. What item/capital improvement would you like us to fund?

2. Please explain how this item/capital improvement will impact the services you are now providing.

3. What is the total projected cost of your purchase/project?

4. What amount of funds are you requesting from Care Camps?

5. What percent (%) of funding do you currently have available? (Whether by bank loan, donor pledge, cash on hand or others)

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

Yes

No

7. 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

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 by May 31st.

If you have any questions, comments or concerns you can reach me at:  
kmcandrew@koacarecamps.org or 800-431-0513