

CARE CAMPS

Welcome to the 2019 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

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, 2019

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 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 2019 Care Camps grant you must be a member of COCA and your dues must be paid for the 2019 membership year.

Please contact Allen Brockman 314-469-8034 or allen@camprainbow.org if you have questions about COCA membership and its benefits.

3. Have you completed the 2018 COCA Annual Survey

Yes

No, if not please complete the survey before continuing, it is a requirement for funding

* 4. What is the legal name of your organization?

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

6. What is the camp's website address?

7. Do you own or rent your camp facilities?

Own

Rent

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

Actual 2018

Planned 2019

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

* 10. 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

11. Cancer Camp Executive-in-Charge

Name

Mailing Address

City

State/Province

Zip/Postal Code

Contact/Title

Business Phone

Contact Email

12. Umbrella Non-Profit Organization (if applicable)

Name

Mailing Address

City

State/Province

Zip/Postal Code

Contact/Title

Business Phone

Contact Email

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

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

Name:

c/o:

Address:

Address:

City

State/Prov

ZIP/Postal

PHONE:

ALT PHONE:

15. 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?

16. 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.)

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

YES

NO

18. If your answer is No to above question please advise on when you plan to become Gold Ribbon certified. Camps must be Gold Ribbon Certified by December 31, 2021 to continue to received grants funds from Care Camps.

19. Have you attended the COCA Conference or a regional meeting 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 2016, 2017 or 2018 what was your reason.

21. 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.

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

Yes

No

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

Yes

No

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

24. Is your camp associated with a COG (Children's Oncology Group) Hospital?

Yes

No

25. If your answer to Question 24 was YES do you receive campers from your COG Hospital?

Yes

No

26. If your answer to Question 24 was YES do you receive funding from your COG Hospital?

Yes

No

27. If your answer to Question 24 was YES is your camp operated by the COG Hospital?

Yes

No

28. If your answer to Question 24 does the COG Hospital run the medical portion of your program?

Yes

No

Details of your Camp Sessions

* 29. Please list the age range of your campers.

Actual 2018

Planned 2019

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

Yes

No

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

Day

Overnight

Both

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

Actual 2018

Planned 2019

33. On what dates will your sessions take place in 2019?

Session 1

Session 2

Session 3

Session 4

Additional Dates:

34. How many days/nights in each session?

Session 1

Session 2

Session 3

Session 4

Additional Dates:

35. How many days in total was/will your camp be operating during 2019?

Actual 2018

Planned 2019

* 36. 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 2018

Planned 2019

* 37. 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 2018

Planned 2019

* 38. 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 2018

Planned 2019

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

Actual 2018

Specify who:

Planned 2019

Specify who:

* 40. For your 2018 camp sessions did you turn anyone away due to lack of funding or shortage of space?

Yes

No

41. If your answer to the question above was yes please indicate how many children were turned away.

* 42. 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 2018

Planned 2019

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

Actual 2018

Budgeted 2019

* 44. 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 2018

Planned 2019

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

Actual 2018

Planned 2019

* 46. What percentage of your cancer camp's 2019 budget does your request represent? (request / total operating costs+gift in kind support) Our guideline is to fund 10% of your operating costs.

47. Did you meet your Fundraising Goals for 2018

Yes

No

Information About This Year's Camp

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

Actual 2018

Planned 2019

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

Actual 2018

Planned 2019

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

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

Actual 2018

Planned 2019

52. Of your volunteers how many of them have attended an oncology camp in a non-volunteer position?

53. 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

* 54. 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.

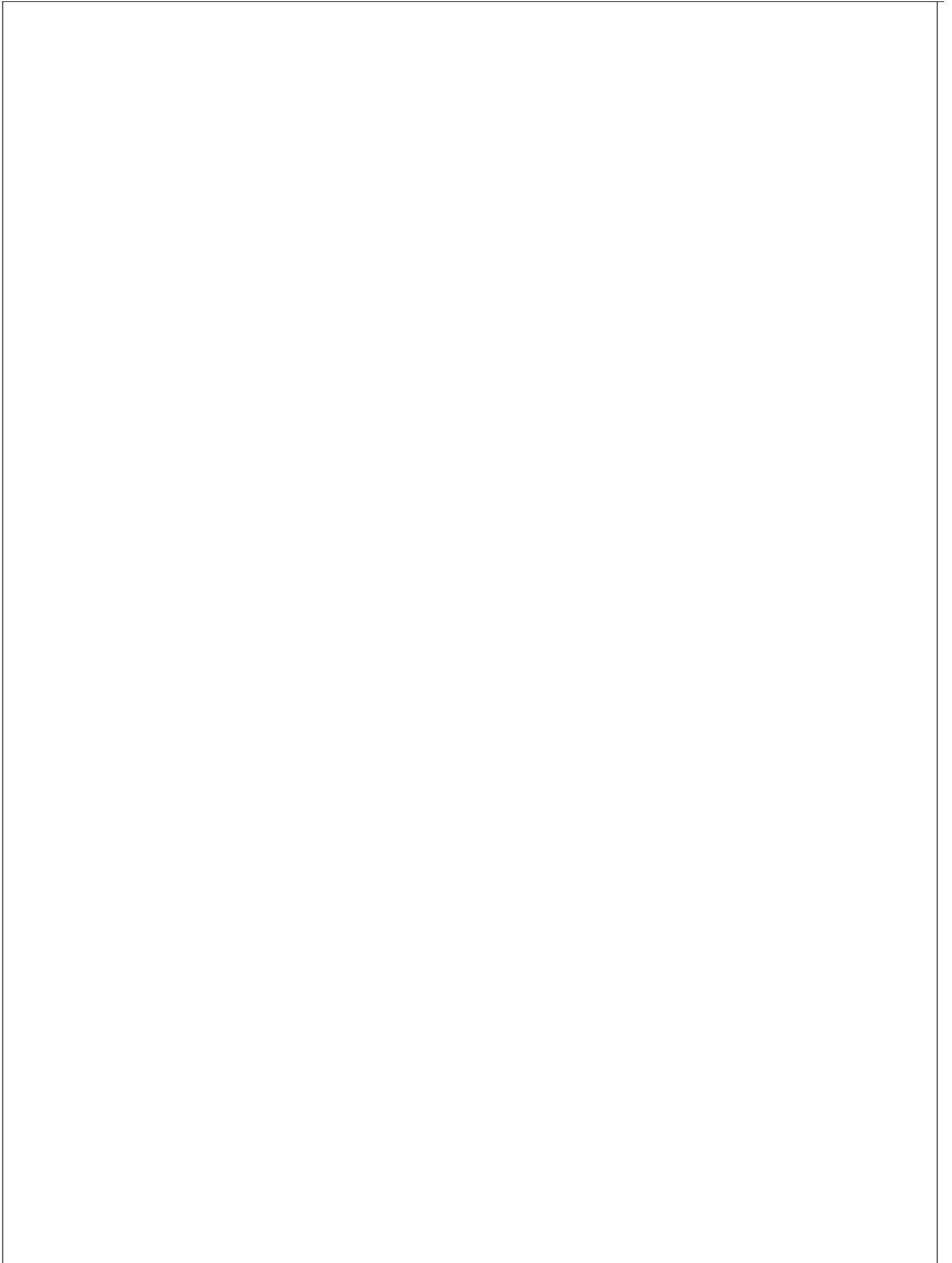
Most recent form 990 (or Canadian T3010)

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

Operating statements for 2018 (if final numbers are not available yet then drafts may be submitted)

Projected budget for 2019

Audited Financial Statements for 2018 if available, or 2017 if 2018 is not ready yet.



Care Camps Questions

55. 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

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

- Yes
 No

57. 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

58. 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.

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 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.

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

Item # 1

Item # 2

Item # 3

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

Item # 1

Item # 2

Item # 3

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

Item # 1

Item # 2

Item # 3

62. What percent (%) of funding do you already have available to purchase your item/capital improvement? (Whether by bank loan, donor pledge, cash on hand or others)

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

Item # 1

Item # 2

Item # 3

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

Yes

No

65. 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 no later than May 15th.

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

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

Item # 1

Item # 2

Item # 3

67. THANK YOU SO MUCH FOR COMPLETE THE GRANT APPLICATION FORM. We will be back to you by the end of April with your grant amount.