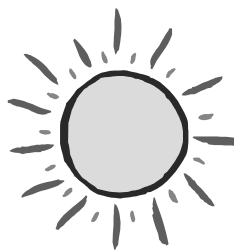


# The Douty Foundation Summer Camp Application 2009



## Organization

Name: \_\_\_\_\_

Tax-exempt name of organization (if different) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Camp Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Camp Site \_\_\_\_\_

Camp Theme \_\_\_\_\_

Year agency was founded: \_\_\_\_\_

Purpose of Organization:

Geographic area or neighborhood served:

Annual budget of entire organization: \$ \_\_\_\_\_

Request: \$ \_\_\_\_\_

Total camp budget: \$ \_\_\_\_\_

Total funds that are still needed for this summer's camp: \$ \_\_\_\_\_

## Campers



Number of campers: \_\_\_\_\_ Ages: \_\_\_\_\_ Percent from Philadelphia: \_\_\_\_\_

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Camp Fees (weekly) \$ \_\_\_\_\_ Camper Scholarships: \$ \_\_\_\_\_ # \_\_\_\_\_

Range of camperships \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Number of campers who receive more than 50% camperships \_\_\_\_\_

Camp: Hours: \_\_\_\_\_ # of camp days per week: \_\_\_\_\_ # of weeks: \_\_\_\_\_

If camp offers multiple sessions, may campers attend more than one? \_\_\_\_\_

How are campers recruited?

How are campers grouped?

**Organization:** \_\_\_\_\_

Camper/Staff Ratio \_\_\_\_\_

What makes your camp special or unique?

**Camp Activities**



Please describe sample scheduling of typical day.

Frequency and examples of field trips, if applicable. Are extra fees charged?

**Camp Staff/Administration**



Name of program director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Total staff: \_\_\_\_\_ FT: \_\_\_\_\_ PT: \_\_\_\_\_

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Does camp staff include: (Please check if the answer is yes.)

<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Psychiatrist or Psychologist	<input type="checkbox"/>	Behavior Specialist
<input type="checkbox"/>	Case Worker	<input type="checkbox"/>	Conflict Resolution Trainer(s)	<input type="checkbox"/>	Art, Dance or Music Specialist(s)	<input type="checkbox"/>	Other Specialized Staff (identify)

**Organization:** \_\_\_\_\_

Does staff include:

	Check (✓) if Yes	Are they paid (P) or are they volunteers (V)	If paid, what is the hourly rate? (\$ per hour
Teen aides			
College or University students			
Community aides			

What are the qualifications of the staff, including the Camp Director?

How is camp staff recruited?

What training does camp staff receive? Who does the training?

How is camp staff monitored?

**Camp's Connections with Families and the Community**



Please describe how you interact and communicate with parents or caregivers of children in the camp program, such as "parent/counselor" conferences, telephone, newsletter, special activities. Please describe any special events, workshops, programs for parents or caregivers, culminating family events or other camp outreach that involves camp resources.

**Organization:** \_\_\_\_\_

Do parents or caregivers participate as staff or volunteers in the camp? Do they help with fundraising or community outreach? If yes, please describe.

Is camp program affiliated with a religious community? If so, are other children who are not members of this faith accepted as campers?

## Evaluation



How will you evaluate the camp's success - for the campers; for the staff? Is camp experience continued through connections with the children during the school year?

***Please attach 1 copy of the  
Camp budget (form enclosed) and organization budget, if different  
Most recent financial statement, preferably audited  
Proof of tax-exempt status***

**Deadline for applications is March 16, 2009**

Submit 1 copy of the proposal to:

Judith L. Bardes  
Executive Director  
The Douty Foundation  
P. O. Box 540  
Plymouth Meeting, PA 19462



Phone: 610/ 828-8145 ☎ Fax: 610/ 834-8175

**Organization:** \_\_\_\_\_

**Summer Camp Program Budget Form** (Please fill in as applicable to your organization)

<b>Expenses</b>		Rounded to the dollar (\$)			
<i>Budget Category</i>		<i>This request</i>	<i>Other Funds</i>	<i>In-kind</i>	<i>Total</i>
<b>1 Personnel</b>					
Program Administrator					
Camp Director					
Support Staff					
Senior counselors					
Junior counselors/ youth workers					
Volunteers					
Maintenance Staff					
Specialists (art, music, reading, etc.)					
Extended Hours					
Staff training					
Other (specify)					
	Subtotal				
<b>2 Trips</b>					
Transportation					
Tolls					
Admissions					
Other (specify)					
	Subtotal				
<b>3 Supplies</b>					
Program Supplies					
Equipment					
Snacks					
Breakfast & Lunch Food					
Office Supplies					
Advertising (brochures, posters, etc.)					
Postage					
Maintenance Supplies					
Other (Specify)					
	Subtotal				
<b>4 Health</b>					
Exams					
	Subtotal				
<b>5 Space Costs</b>					
Site Rental					
Camp site					
Other (e.g., swimming pool)					
Telephone					
Insurance					
Other (specify)					
	Subtotal				

**Organization:** \_\_\_\_\_

<b>Total Expenses</b>			
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<i>Revenue</i>	<i>Amount (\$)</i> <i>Rounded to the \$</i>	
	<i>Cash</i>	<i>In-Kind</i>
This request		
Other Foundations		
Corporations/ Businesses		
School District of Philadelphia		
Government		
Tuition/Fees		
Individuals		
Special events		
Other (specify)		
<b>Subtotal</b>		
In-kind contributions		
<b>Total Revenue</b>		

<b>Total Expenses</b>		
(from 1st page)		
<b>Balance</b>		

(Revenue minus expenses)

\_\_\_\_\_  
Signature of Executive Director or Summer Program Director

\_\_\_\_\_  
Date