

Summer Camp Inclusion Grant Application

Please print or type clearly. Alternate formats of this form are available upon request.
Please contact 709-729-6279 or e-mail: SSWBGrantPrograms@gov.nl.ca.

Applicant Information

1. Name of Applicant:
2. Contact information:
Street/PO Box: Telephone:
Community: Other:
Province: Email:
Postal Code:
3. I am applying as an:
 Individual/family with a child who requires a support person to attend camp
 Organization providing a summer camp program

Summer Camp Information

4. Camp Provider (Organization):
5. Camp Address:
6. Camp Phone Number:
7. Please describe the camp.
 Age range
 Day Camp
 Overnight Camp
 Theme
 Activities offered
8. How many staff members does the camp employ?

9. How many children can attend the camp at max capacity?
10. What supports are in place to accommodate children with disabilities? Please describe. (e.g., staff training, accessibility features, equipment, practices)

Child and Support Person Information

11. How much funding are you requesting?

Note: Individuals/families may apply for funding up to a maximum of \$1,000.
Camp providers may apply for funding up to a maximum of \$5,000.

12. How many children will this funding support?

13. Name and age of child/children:

- Child 1:
- Child 2:
- Child 3:
- Child 4:
- Child 5:

Note: Organizations may use initials instead of full names if they are privacy concerns – e.g. SM instead of Sally Murphy.

14. List the dates (days or weeks) the child will attend camp:

15. Attendance Information

- Number of hours per day/week per child:
- Number of weeks (of camp), per child:

16. Identify any barriers that may affect the child's or children's inclusion and participation in the summer camp(s):

- Child 1:
- Child 2:
- Child 3:
- Child 4:
- Child 5:

17. What type of support person is necessary to support the child's or children's participation in a summer camp?

- Inclusion worker
- ASL interpreter
- Attendant
- Other (please describe):

18. Describe how a support person would support the child's or children's participation in a summer camp.

- Child 1:
- Child 2:
- Child 3:
- Child 4:
- Child 5:

19. At the time of this application, have you identified/hired a support person for the child/children?

- Yes
- No

Please note that you **must** identify a support person before your application can be processed or approved. Please see **Annex B**.

Other Information

20. For individuals/family applicants, please select all that apply:

- The funding will help pay for a support person for my child to attend and participate in the summer camp
- I have included/attached written confirmation from the camp provider that the summer camp has availability and can accommodate my child's participation. Please see **Annex A**.
- I have identified a support person. Please see **Annex B**.

For organization/camp provider applicants:

- The funding will help pay for one or more support person(s) for children with disabilities to attend and participate in our summer camp.
- I have included/attached written confirmation that our summer camp has availability and can accommodate this child or children. Please see **Annex A**
- I have identified a support person. Please see **Annex B**.

21. Are you eligible to receive or have applied for, or have received funding for any aspect of this application from other sources?

- Yes
- No

If yes, identify the source(s)

Privacy Notice

The Department of Social Supports and Well-Being respects your rights for privacy. As stated in the **Access to Information and Protection of Privacy Act**, all applicants: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Personal information is collected for administering funding. Section 39(1)(C) of the **Access to Information and Protection of Privacy Act** allows Government of Newfoundland and Labrador departments or agencies to disclose personal information to other Government of Newfoundland and Labrador departments or agencies for the purpose of reviewing and monitoring applications, conducting policy analysis and seeking other potential funding sources.

Declaration and Disclosure

I declare that the information in this application is true, accurate and complete.

Applicant's Signature: _____

Date:

Witness Signature: _____

Date:

Annex A: Confirmation of Summer Camp Accommodation

I, _____, of, _____, hereby
name of person name of organization

confirm that there is space available at, _____, for the
name of summer camp program

child/children referenced in this application, and that the camp is able to accommodate
the participation of this child/children for the following dates:

Applicant's Signature: _____

Date:

Annex B: Support Person Affidavit

I, _____, hereby confirm the following:
name of person

- I am applying for funds to assist with the cost of hiring a support person;
- This support person will facilitate the summer camp participation of the child/children identified in this application;
- I understand that my application cannot be processed until I have identified a support person.
- I have identified the support person:
 - Name of the support person:
 - Contact number of support person:
 - Title of support person:
(e.g. inclusion worker, designated camp staff member, ASL interpreter, parent of child)
- I understand that I am responsible for:
 - Identifying and hiring a support worker
 - Determining their wages (must be at least minimum wage);
 - Facilitating payment of the support person; and
 - Complying with all applicable legislative requirements, including those relating to safety and accessibility

Applicant's Signature: _____

Date: