



American Camp Association, Illinois
 67 E. Madison St., Suite 1406
 Chicago, IL 60603-3014

APPLICATION FOR DFI TITLE XX CAMPING SERVICES

If applying for campers before June in the current fiscal year July 1st — June 30th, use one copy of this form for these sessions
 And another copy for the following fiscal year

*Funding provided in part by the Illinois Department of Human Services

CAMP PROFILE

Name of Camp _____ **Name of Agency** _____

Camp Mailing Address _____ **Tel No.** _____
Zip (Area Code)

Name of Camp Director _____ **Tel No.** _____
(If different than above)

Area Served: City, County or Region of State or Zip Codes served _____ **Fax No.** _____

Type of Camp: Resident Resident Special Needs Day Camp Day Camp Special Needs

Name of Organization to whom payment is to be made if different than above. _____
Agency Mailing Address _____ **Tel No.** _____
(Area Code)

City _____ **State** _____ **Zip** _____ **Fax No.** _____

Camp Contact Person _____ **Business Representative** _____
Name of Person in City Responsible for camp registration and transportation Name of Person responsible for billing Matching Funds

Camp Contact Email _____ **Business Rep. Email** _____

CAMP PROGRAM

Do you serve special campers? % ____ Development Disability % ____ Physical Disability % ____ Others Describe Special Needs _____

How served? Integrated with Reg. Campers Special Unit Special Session

PLEASE ATTACH TO THIS FORM: 1) Philosophy 2) Outcomes 3) Camp Brochure

Transportation: Camp Provides Parents Provide

REQUEST FOR CAMPERS

If Day Camp, indicate Number of Days PER WEEK you operate this camp: _____

Year _____

TOTAL ANTICIPATED THIS SESSION INCLUDING TITLE XX						TITLE XX CAMPERS REQUESTED THIS SES-									
Camp Session Dates		Ⓐ Number (* Days/Nights) This Period		Total Campers This Period		Ⓑ Total Campers *Day/Nights Col. Ⓐ x Ⓑ		Age Range		Total Title XX Campers This Period		Ⓒ Total Title XX Col. 3 & 4		Total Title XX camper (* Days/Nights) Col. A x Col. C	
From	To	Days	Nights	Ⓐ Male	Ⓐ Female					Ⓒ Male	Ⓒ Female				
1															
2															
3															
4															
5															
6															
7															
8															

AFFIRMATION OF COST PER CAMPER

***Days for Day Camp / Nights for Resident Camp**
(based upon the previous summer)

Supply the **ACTUAL** cost of serving campers using the following formula: Total cost of all Expenses related to summer day or resident camp divided by the total number of camper Days or camper nights, using all campers (not only Title XX funded campers).

DAY CAMP:
 Total Summer Expense ÷ Total Camper Days = _____ **Per Camper Day**
(Minus Government-funded Items)

RESIDENT CAMP:
 Total Summer Expense ÷ Total Camper Nights = _____ **Per Camper Night**
(Minus Government-funded Items)

Use the previous year's total expense and total camper days or nights in calculating the above cost.

I affirm that the per camper cost shown above accurately reflects our true cost.

In signing this I or we understand that the above per night or per day figure may need to be confirmed by an audit. I affirm that the above-entered cost figures are not more than our actual costs after deductions directly related to government funded

Signature _____

Typed Signature _____

Title _____ **Date** _____

Must be signed by person authorized to sign legal documents for agency or camp.

* Resident Camp use Nights/ Day Camp use Days

If this is a **June** session extending in July, star above and check here Any June Session ending in July, shown in July ending date _____

If this is a **July** session started in June, star above and check here Any July Session beginning in June, shown in June beginning date _____

The cost figure requested above is the actual cost per night or per day of providing the camp experience. An estimate may be used as long as it is understood the camp is affirming a figure which will not be higher than actual cost if audited. If the audited figure were subsequently lower than the amount paid the camp it could become liable for repayment of the difference. We need a per camper night or day cost as close as possible to actually documented real cost of camp.

PLEASE RETURN WHITE COPY AND KEEP THE YELLOW COPY FOR YOUR RECORDS