Open for Summer Camp Initiative Competitive Grant

*Alaska Community Foundation*

# *Request Information*

## Organization Name\*

*Character Limit: 250*

## Requested amount\*

Up to $15,000 per site operated, with a maximum of $45,000 per organization

*Character Limit: 20*

## Programmatic Offering\*

Please describe the camp opportunities your organization will be offering this year, and how this grant will expand access for more children than served in previous years and/or enhance or improve the quality of the camp experience this year.

What will this grant accomplish for your organization, community, and youth?

*Character Limit: 7500*

## Camp Schedule\*

Please share your camp schedule, including dates scheduled to begin and end. Note: funds must be used for camps ending before 09/31/21.

*Character Limit: 200*

## Scholarship Usage\*

If scholarships are already offered for the camp, how many/what percentage of campers are typically supported by scholarship?

If scholarships are not offered, please enter N/A.

*Character Limit: 50*

## Marketing Activities\*

Please describe any existing marketing activities and outreach to increase enrollment, or strategies for communication.

*Character Limit: 2500*

## Partnerships\*

Please describe any partnerships or collaborations that will help with implementation of camps.

*Character Limit: 2500*

## Qualifications and Memberships\*

Please describe the qualifications of your camp/programming staff. Include any individual and/or organizational licensing, accreditations, and permits in your comments.

*Character Limit: 5000*

## Founding Year of Summer Programming\*

Founding year(s) of the camp(s) or program(s)

*Character Limit: 250*

## Attendance\*

Approximately how many campers attend per session/year?

*Character Limit: 100*

## Faith-Based Activities

If your organizations is a faith-based camp or sponsored by a church, please describe whether staff/campers are required to participate in denominational activities.

*Character Limit: 1000*

## Financial Changes\*

Please describe how general camp finances (typical revenue and expenses) have changed for the current season, including any special or added project expenses for this year.

*Character Limit: 2500*

## Budget Narrative\*

In the area below, enter a detailed description of how these funds would be spent. Be sure to include details about other sources of funding if applicable and if the funding has been committed or secured.

Please describe how your organization will ensure the funds are completely spent by September 30, 2021.

You also may upload a document containing your budget narrative if you prefer.

*Character Limit: 3000 | File Size Limit: 3 MB*

# *Organization Information*

## Organization's DUNS Number\*

You must have a DUNS number to receive CARES Act funding. If you do not have a DUNS number, you can request one by following the instructions [here](https://dandb.com/glossary/how-to-get-a-duns-number/).

*Character Limit: 100*

## Organizational Background\*

Please include:

* Your organization's mission statement;
* Brief history and background of your organization;
* Services provided;
* In what geographic area(s) you provide services.

o Please specify if your organization serves rural communities outside the cities of Anchorage, Mat-Su, Fairbanks, Juneau

*Character Limit: 5000*

## Organization's operating revenue for the last completed fiscal year\*

*Character Limit: 20*

## Organization's operating expenses for the last completed fiscal year\*

*Character Limit: 20*

## Organization's Balance Sheet for the last completed fiscal year\*

*File Size Limit: 2 MB*

## Current Operating Budget

Please upload a current fiscal year approved organizational budget for your organization, showing sources of revenue and expenses.

*File Size Limit: 3 MB*

## List of Board of Directors\*

Provide a list of the organization's Board of Directors (or equivalent) with affiliations for each member.

*File Size Limit: 2 MB*

# *Electronic Signature*

If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email The Alaska Community Foundation at least two days prior to the June 22nd deadline at grants@alaskacf.org requesting a review.

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication. I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

## I have read the above information.\*

### Choices

Yes No

## Title of Authorizing Official\*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

## Date\*

*Character Limit: 10*

## Electronic Signature\*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*

Direct questions related to the online application system to The Alaska Community Foundation should be directed to Eleanor Huffines at ehuffines@alaskacf.org or 907-249-6617, or Stefanie O'Brien at sobrien@alaskacf.org or 907-274-6710.

## Draft has been reviewed

Please indicate if this proposal was reviewed as a draft by an ACF staff member.

### Choices

Yes No