



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 1<sup>st</sup> – June 30<sup>th</sup>, 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 \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ (Area Code)

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 \_\_\_\_\_

Name of Organization to whom payment is to be made if different than above. \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_ Tel No. \_\_\_\_\_  
(Area Code)

Fax No. \_\_\_\_\_  
(Area Code)

### CAMP PROGRAM

Do you serve special campers? % \_\_\_\_\_ Development Disability  % \_\_\_\_\_ Physical Disability  % \_\_\_\_\_ Others  Describe Special Needs \_\_\_\_\_

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

Transportation: Camp Provides  Parents Provide

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

### REQUEST FOR CAMPER

Year \_\_\_\_\_

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

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

\* 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.

### AFFIRMATION OF COST PER CAMPER

\*Days for Day Camp / Nights for Resident Camp  
(based on 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 campers 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 Days = \_\_\_\_\_ 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.*