

## Northwest Area 4-H Summer Single Day Camp Grant Intent Form

All application intent forms are due back to NW Area Office on March 15<sup>th</sup> for camps held between May 2<sup>nd</sup> – September 15<sup>th</sup> annually.

**No exceptions - No form, No money.**

\_\_\_\_\_ (Insert County/District Name) wishes to apply for \_\_\_\_\_ Single Day Camp grant(s). (Mark slot, if appropriate and return form separately for each day camp submitted from the Extension Unit).

*The philosophy of NW day camps is to design a subject-matter, hands-on and fun camp to reach as many youth as possible, not just existing 4-H youth already in 4-H clubs. Efforts must be made to also promote and advertise the planned day camp(s) to non-traditional 4-H audiences. The day camp experience cannot just be a 4-H project training promoted and advertised only to current 4-H members. One of the deliberate intentions of these day camps is that the local 4-H club program will grow after youth have had a fun and positive experience in your local day camp(s), and will want to join a local 4-H club.*

\_\_\_\_\_ (County/District Name) understands that we must meet the following criteria in order to receive grant money:

1. Day camp is defined as an Educational Experience(s) lasting at least 4 hours, either concurrent or several hours combined. Educational experiences must be taught by Extension personnel, trained volunteers, or paraprofessionals etc.
2. Multi-County camp is defined as an educational experience last at least 6 hours, either concurrent or several hours combined. Educational experience must be taught by Extension personnel, trained volunteers, or paraprofessionals etc.
3. **Grant summary forms for single and multi county day camps must be completed and turned into the Northwest Area Office by October 1<sup>st</sup>. No exceptions - no complete summary, no money.**
4. **Final Report Forms Must Include:**
  - actual budget
  - number of youth (age, race, sex)
  - pictures (minimum of 12 photos with captions)
  - date of camp
  - list of trained volunteers who helped
  - community partners used
  - number of new campers
  - include any news articles (if any were printed)
  - Hansen thank-you
  - copy of all handout materials (fliers, evaluations, summary of evaluations)
  - day camp schedule and objectives with descriptions
5. Please give estimate of number of camps \_\_\_\_\_ County is tentatively planning on holding.
6. Please list probable subject matter of camp(s) A. \_\_\_\_\_  
B. \_\_\_\_\_

Grant money available will be up to \$225.00 per county. Reimbursement will not exceed the amount of expenses listed in the budget or a maximum of \$225.00. In the event there are a small number of applications, the amount may be increased but will not exceed \$250.00. This is solely based on number of applications, received by March 1st. The Multi-County Camps will be allotted \$350.00 each. No more than five multi-county stipends will be awarded.

\_\_\_\_\_  
County/District Extension Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chair

# NW Area County Day Camp Enrollment Form For Day Camp Registration Use

County: \_\_\_\_\_ Facilitator: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ \*\* Emergency Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If your child has any health problems or allergies we should be aware of, please list below:

(1) I hereby give permission for \_\_\_\_\_ to be treated by a health professional in case of illness or an accident while at Day Camp.

\_\_\_\_\_  
Parent/Guardian Signature

(2) I hereby give permission for \_\_\_\_\_ to be included in photos/videos that might be taken during the County Day Camp Session.

\_\_\_\_\_  
Parent/Guardian Signature

(3) I hereby give permission for \_\_\_\_\_ (youth) to attend County Day Camp at \_\_\_\_\_ (location) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Parent/Guardian Signature

Return to: \_\_\_\_\_

Enrollment due by:

\*\*Telephone number where someone could be reached in case of illness/accident

**NW Area Single Day Camp Final Budget Summary Due October 15th**

<b>DAY CAMP # 1 Theme and Title</b>	
<b>EXPENSES:</b>	<b>AMOUNT</b>
Publicity	\$ _____
Food	_____
Craft Supplies	_____
Equipment (rental/purchase)	_____
Insurance	_____
Other	_____
<b>TOTAL</b>	<b>\$ _____</b>
<b>RESOURCES:</b>	
Volunteers	_____
Registration Fee	_____
Foundation Sub-Grant	_____
Other	_____
<b>TOTAL</b>	<b>\$ _____</b>
<b>DAY CAMP # 2 Theme and Title</b>	
<b>EXPENSES:</b>	<b>AMOUNT</b>
Publicity	\$ _____
Food	_____
Craft Supplies	_____
Equipment (rental/purchase)	_____
Insurance	_____
Other	_____
<b>TOTAL</b>	<b>\$ _____</b>
<b>RESOURCES:</b>	
Volunteers	_____
Registration Fee	_____
Foundation Sub-Grant	_____
Other	_____
<b>TOTAL</b>	<b>\$ _____</b>

## NW Area 4-H Single Day Camp Final Survey Due October 15th

Please complete and return this survey to Deryl Waldren at the Northwest Area Extension Office, P.O. Box 786, Colby, KS 67701. Telephone: 785-462-6281, or email: [dwaldren@ksu.edu](mailto:dwaldren@ksu.edu).

### Complete, even if . . . . .

- you did not have a day camp
- you don't plan to request the stipend from grant funds (did not meet requirements)

### Tell us what kind of camps that you had this year. Check all that apply.

Single Day Camp

Multi-County Day Camp

Your Name: \_\_\_\_\_ County/District: \_\_\_\_\_

Did you have a day camp this year? Yes \_\_\_ No \_\_\_

### Complete your day camp accomplishments:

\*A. Date \_\_\_\_\_ and location \_\_\_\_\_ of day camp #1  
Camp Theme \_\_\_\_\_

\*B. Date \_\_\_\_\_ and location \_\_\_\_\_ of day camp #2  
Camp Theme \_\_\_\_\_

### Or list one camp above and one participating day camp below:

\*C: Date \_\_\_\_\_ and location \_\_\_\_\_ of participating day camp at the county fair (day camp booth, promotional booth, other exhibit or kids day at the county fair). (A photo of display must be attached). Describe what you did: \_\_\_\_\_  
\_\_\_\_\_

**\*To be eligible for your county's day camp full stipend of \$225.00 you need to complete two day camps or one day camp and one participating day camp. Documentation must be provided to receive the full stipend. Stipends will be reduced by \$25.00 for not completing the required number of camps or not providing documentation. In a district, if you plan to hold one day camp in one county, and the second day camp in another county in the district, and you intend this to be a day camp unit, please note this on the application. However, each unit in a district is eligible for a \$225.00 stipend, providing all the requirements are met.**

Are you interested in having a day camp(s) next year? Yes \_\_\_\_\_ No \_\_\_\_\_

Please send your budget report with the packet of reports.

Please send the county attendance summary with the packet.

Please send a summary of **each day camp** with pictures and captions.

How many junior leaders (\_\_\_\_) and/or adult volunteer leaders (\_\_\_\_) assisted at your day camp(s)?

How many were 4-H club members? (\_\_\_\_) Non 4-H members? ( \_\_\_\_)

How many campers were attending for the first time? (\_\_\_\_)

**Make check payable to:** \_\_\_\_\_

**Extension Unit to send check to:** \_\_\_\_\_

Please give general comments about the NW Area Day Camp Programs. Include any changes you would like to see. Thanks for your time and input.

**NW Area Hansen Day Single Day Camp County/District Attendance  
Summary - Due October 15th**

County/District: \_\_\_\_\_

**Complete one line for each day camp held.  
Complete both sections of the charts.  
Return with all completed forms.**

<b>Yr:</b>												
<b>Date</b>	<b>Attendance</b>				<b>Ages</b>							
<b>List camp(s) individually below</b>	<b>Total</b>	<b>Club</b>	<b>Non</b>	<b>1st</b>	<b>7 &amp; Under</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14+</b>
<b>Totals</b>												

<b>List camp(s) in the same order below</b>	<b>Race</b>					<b>Gender</b>		<b>Volunteer Leaders</b>	
	<b>Caucasian</b>	<b>Black</b>	<b>Native Am</b>	<b>Hispanic</b>	<b>Asian</b>	<b>M</b>	<b>F</b>	<b>Adult</b>	<b>Teens</b>

Totals

Last updated: 4-13-17

## **Additional Dane Hansen Final Report Criteria – Due May 15th**

### **Project Name: Dane Hansen NW Area 4-H Day Camping Program**

*Your succinct comments in this section will make it possible for Deryl Waldren to combine comments from various camps into the final digital report which is very limited in the amount of characters allowed.*

#### **Project Completeness/Success\***

Please provide comments/evaluation of the completion/success of your day camp. You may include general perceptions or over-all results of any evaluation done of your day camp.

#### **Objectives\***

Did this day camp meet your stated objectives? Why or why not?

#### **Costs\***

Were actual costs consistent with your estimates? If not, what were the reasons for the variances?

#### **How were the funds used?\***

Please provide specific information on how the funds from the Dane G. Hansen Foundation were utilized in general areas. (The final budget will include the specific amounts).

#### **Outcomes\***

Were there unexpected outcomes? If so, please elaborate.

#### **Community Impact\***

What positive impact did this day camp have in your community/communities?

#### **Other Funders\***

Did the grant help attract additional local funding? If yes, please provide details.

#### **Volunteer Involvement\***

Did the grant help attract additional volunteer involvement?

#### **Collaborators**

Please list any organizations you collaborated with and how the day camp benefited each.

#### **Setbacks?**

Describe any obstacles or setbacks you faced with this day camp and how they were resolved.

#### **Sustainability**

Is this a program or project that will continue? If so, how will it be funded in the future?

**Project Story\***

Please provide a success story or unique component of this day camp.

**Publicity\***

Please attach a sample of news article/publicity received for your day camp, preferably naming the Dane Hansen Foundation as a funding partner.

**Publicity Example #1\***

**Attach scanned file to e-mail.**

Please upload photographs (digital preferred) of the project for use by the Dane Hansen Foundation for publicity purposes (if applicable).

Attach action photos with captions of your day camp as a jpeg to your e-mail.

**Photograph #1\***

*File Size Limit: 5 MB*

**Photograph #2\***

*File Size Limit: 5 MB*

**Photograph #\***

*File Size Limit: 5 MB*