

# Mental Health Services Grant Application

**The Massachusetts Camping Association, Inc. (MCA) will provide grants for summer camps mental health expenses up to \$15,000 per licensed summer camp, per year, from 2024 through 2025 until funds are exhausted, executing the funding provided by the Commonwealth of Massachusetts per Chapter 268 of the Acts of 2022 Economic Development Bill Earmark. Funds are for reimbursement of expenses towards campers up to 18 years old.**

**Grants may be awarded for the reimbursement of substantiated expenses at a Massachusetts licensed recreational summer camp for children, to include:**

- Salary / remuneration for employee/s or subcontractor/s providing mental health services as follows:
- 100% reimbursement for staff whose entire job function goes to mental health services (certified Mental Health Professionals CSW, Psychologist, Psychiatrist, etc) OR 1:1 Aide/Support Staff for individual camper requiring MH services
- Up to 30% reimbursement for staff who may provide mental health services in conjunction with other job responsibilities: Mental Health Support/resource staff (Nurses, Unit/Division Leaders, Head Counselors, Assistant Camp Directors, Camp Directors)
- Mental health related training expenses (applicable to all staff members - individual or large group)
- Facility upgrades or expansions that are specifically for the purpose of providing mental health services
- Technology, supplies, or other expenses that are specifically for the purposes of providing mental health services

- Other expenses specifically for the purposes of providing mental health services

**PLEASE DO NOT FILL THIS APPLICATION OUT UNTIL YOU ARE READY TO SUBMIT PAID EXPENSES AND RECEIPTS.** This is **NOT** a request for funds. The grant will only approve expenses each camp has already committed to spending, whether they get the reimbursement or not.

**URGENT CHANGE IN TIMELINE  
FOR REIMBURSEMENT REQUESTS**

- Any requests for reimbursement for any goods or services purchased or received by June 30, 2024 (trainings, salaries paid, supplies purchased) **MUST BE SUBMITTED BY August 16, 2024.**
- Any expenses from July 1, 2024 – September 15, 2024 can be submitted July 16, 2024 - October 31, 2024 (Purchases made prior to July 1 **WILL NOT BE ELIGIBLE** for reimbursement in this time period).

**Batch 1:** Applications and receipts can be submitted April 5th – August 16th , 2024.

This is for any qualified expenses with documentation of payment, up to June 30th\* that were specifically spent for the 2024 camp season.

**\*After August 16th, the Commonwealth WILL NOT reimburse any requests for any goods or services received or provided**

**before**

**June 30th, so please submit those receipts ASAP.**

**Batch 2: Applications and receipts will be accepted  
between July 16 - October 31st**

**Receipts and applications can be submitted July 16th –  
October 31st for any qualified expenses with documentation of  
payment, for any goods or services received or provided on or after  
July 1st  
– October 31st.**

**Camps may have to submit for reimbursement for funds in both  
batches. Please keep in mind the amount PER SEASON for each camp  
is up to  
\$15,000 (not per batch).**

If your organization operates more than one license camp, a unique  
grant application must be completed for each specifically licensed  
camp.

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**\* Indicates required question**

1. Email \*

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2. Name of Camp \*

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3. Physical Address of camp location mental health services were provided. \*

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4. Name of Primary Contact \*

This person will be the primary liaison for any communication regarding this application.

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5. Email Address of Primary Contact \*

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6. Phone Number for Primary Contact \*

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7. Please list your summer camp season dates for 2024:

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8. Which Batch are you applying for: (Any goods or services received or provided before June 30th will not be reimbursed in Batch 2). \*

*Mark only one oval.*

Batch 1: For any goods or services received or provided before June 30th (must be submitted by August 16th)

Batch 2: For any goods or services received or provided on or after July 1st (must be received by October 31st)

9. Are you a licensed recreational camp for children in Massachusetts? If no, stop here. This grant is only eligible for summer camps who obtain a recreational camp license from DPH (Department of Public Health). \*

Eligibility Requirement

*Mark only one oval.*

Yes

No

10. Please upload a copy of your Massachusetts Recreational Camp License for 2024:

If you have already uploaded your camp license for 2024, you do not need to upload it for a second request.

Files submitted:

11. What type of Massachusetts Licensed Recreational Camp for Children are you applying on behalf of? \*
- Grant Tracking Requirement

*Mark only one oval.*

- Residential Camp
- Day Camp
- Travel Camp
- Both Day and Overnight
- Other: \_\_\_\_\_

12. Or you applying on behalf of a non-profit or for-profit camp? \*
- Grant Tracking Requirement

*Mark only one oval.*

- Non-Profit
- For-Profit
- Municipal (must be licensed by DPH summer camps)

13. Please list the total number of youth served under the age of 18 for the period you are seeking reimbursement for eligible services provided? \*

Grant Tracking Requirement

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14. Are you a Member of the Massachusetts Camping Association? \*

*Mark only one oval.*

Yes

No

15. Are you Accredited by the American Camp Association? \*

*Mark only one oval.*

Yes

No



Eligible Expenses: Employees or Subcontractors providing mental health services: Salary / remuneration for employee/s or subcontractor/s providing mental health services as follows:

**100%**

**reimbursement** for staff whose entire job function goes to mental health services (certified Mental Health Professionals CSW, Psychologist, Psychiatrist, etc) **OR** 1:1 Aide/Support Staff for individual camper requiring MH services.

**Up to 30% reimbursement** for staff who may provide mental health services in conjunction with other job responsibilities: Mental Health Support/resource staff (Nurses, Unit/Division Leaders, Head Counselors, Assistant Camp Directors, Camp Directors)

If you do not have expenses related to this section please just continue to the next section.

16. Please list the names and describe how the employees or subcontractors you are listing as eligible expenses provided mental health summer services for campers up to age 18 at your camp.

Required if listing expenses for employees or subcontractors who provided mental health services.

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17. Please upload a copy of certifications and/or signed contract/job description for each employee listed here.

Files submitted:

18. List amount of total salary / remuneration for employee/s or subcontractor/s providing mental health services for the 2024 camp season (up to September 15th). This may include pre-season expenses.

Must include receipts that include the total listed (upload available on the next question)

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19. Upload spread sheet with name, percentage and the total salary/ remuneration for each employee/contractor and the receipts for each, providing mental health services during the 2024 camp season, up to September 15th.

**These should include a payroll stub OR invoice WITH a bank statement, cancelled check, or credit card statement showing these invoices have been paid.**

**Please title each receipt with your camp name and send all receipts in one PDF.**

Must total the amount listed above.

Files submitted:

#### Eligible Expenses: Training Expenses

Must be directly related to mental health for children up to 18, at camp. If you do not have expenses related to this section please just continue to the next section.

20. Please describe the specific nature of the training and how it directly relates to mental health at your camp.

Required if listing expenses related to mental health training at your camp.

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21. List the total amount of training expenses directly related to mental health for campers up to age 18 at your camp during the 2024 season.

Must include receipts that include the total listed (upload available on the next question)

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22. Upload spread sheet listing each training session AND receipts providing mental health services for campers up to age 18 during the 2024 camp season.

**These should include a payroll stub OR invoice WITH a bank statement, cancelled check, or credit card statement showing these invoices have been paid.**

**Please title each receipt with your camp name and send all receipts in one PDF.**

Must total the amount listed above.

Files submitted:

### Eligible Expenses: Facility Upgrades or Expansions

Must be specifically for the purpose of providing mental health services. If you do not have any eligible expenses in this section, please go on to the next section.

23. Describe how the facility upgrade or expansion is directly related to providing mental health services at your camp.

Required if listing expenses for facility upgrades or expansions that are directly related to mental health services for campers up to age 18 at your camp. Eligible facility upgrades or expansions must be primarily used for mental health related services.

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24. List the total amount of expenses for facility upgrades or expansions specifically for mental health services for campers up to age 18 at your camp during the 2024 camp season.

Must include receipts that include the total listed (upload available on the next question)

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25. Upload receipts that total the amount of expenses for facility upgrades or expansions directly related to mental health services for campers up to age 18 at your camp during the 2024 season. **These should include invoice WITH a bank statement, cancelled check, or credit card statement showing these invoices have been paid.**

**Please title each receipt with your camp name and send all receipts as one PDF.**

Must total the amount listed above.

Files submitted:

Eligible Expenses: Technology, Supplies, or other related goods

Must be technology, supplies, or other related goods specifically for mental health services at camp.

26. Please describe how the technology, supplies, or other related goods were specifically used for mental health services for campers up to age 18 at your camp.

Required if listing expenses for technology, supplies, or other related goods that are directly related to mental health services at your camp. Eligible expenses must be for goods primarily used for mental health related services.

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27. List the total amount of expenses for Technology, Supplies, or other related goods used specifically for mental health services for campers up to age 18 at your camp during the 2024 season.

Must include receipts that include the total listed (upload available on the next question)

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28. Upload receipts that total the amount of expenses for technology, supplies, or other related goods directly related to mental health services for campers up to age 18 at your camp during the 2024 season.

**These should include invoice WITH a bank statement, cancelled check, payroll stub or credit card statement showing these invoices have been paid.**

**Please title each receipt with your camp name and send all receipts as one PDF.**

Must total the amount listed above.

Files submitted:

Eligible Expenses: Other Expenses

Must be specifically for the purposes of providing mental health services for campers up to age 18 at your camp.

29. Please detail how the listed 'other' expenses were directly related to mental services for campers up to age 18 at your camp:

Required if listing 'other' expenses that are directly related to mental health services at your camp. Eligible 'other' expenses must be clearly and primarily used for mental health related services.

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30. List the total amount of Other expenses for used specifically for mental health services for campers up to age 18 at your camp during the 2024 season.

Must include receipts that include the total listed (upload available on the next question)

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31. Upload receipts that total the amount of Other expenses directly related to mental health services for campers up to age 18 at your camp during the 2024 camp season. **These should include invoice WITH a bank statement, cancelled check, payroll stub or credit card statement showing these invoices have been paid.**

**Please title each receipt with your camp name and send all receipts as one PDF.**

Must total the amount listed above. Required for consideration of eligibility toward grant allocations specific to 'Other' expenses.

Files submitted:

## Grant Application Summary

### Required Section

32. Describe how this grant will support the types of mental health \* services/ support your camp provided during the 2024 camp season:

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33. List Total Amount of Eligible Expenses \*

Expenses may include more than \$15,000 but only up to \$15,000 may be awarded toward those expenses.

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34. List the specific name of the entity an award should be made payable to: \*

Please list the specific business name the check should be made payable to.

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