

Mental Health Services Grant Application

Massachusetts Camping Association, Inc. (MCA) – ARPA Mental Health Reimbursement Grant (Final Phase)

The Massachusetts Camping Association, Inc. (MCA) will administer the final phase of the ARPA reimbursement grant for mental health expenses at Massachusetts licensed summer camps.

Funding Overview

- Up to **\$10,000 per licensed camp OR per organization** for the **2025 camp season**, until funds are exhausted.
- Funding provided by the Commonwealth of Massachusetts under **Chapter 268 of the Acts of 2022, Economic Development Bill Earmark**.
- Reimbursements apply only to expenses supporting **campers up to 18 years old**.
- **Funds for 2025 are very limited.**
- **Applications with missing information or documentation of receipts will be considered incomplete and not processed or time stamped until all information is complete.**

Because funds are limited, MCA has made **important changes to eligibility guidelines and the application process** to ensure fairness and clarity. Please review this information carefully and plan accordingly.

What Can Be Reimbursed?

(Up to \$10,000 per camp OR organization, as funds allow)

- Salaries/fees for dedicated mental health staff.
- 1:1 aides/support staff for campers requiring individual support.
- Mental health training expenses (for individuals or groups).
- Facility upgrades or expansions specifically for delivering mental health services.
- Technology, supplies, or tools used for providing mental health services.
- Other clearly defined expenses supporting camper mental health.

Additional Guidelines:

- 100% reimbursement for staff or consultant whose entire role is dedicated to mental health services.
- Reimbursements are for **substantiated, paid expenses** only—supported by receipts, payroll records, and proof of payment.
- This is **not** an advance funding request; approval does not guarantee reimbursement.

Application Process

Single Submission Window

- All eligible expenses incurred **September 30, 2024 – August 29, 2025** must be submitted in **one application** (no multiple batches).

Application Dates

- **MCA Member Camps:** September 15–19, 2025 (membership dues must be up to date)
- **Non-Members:** September 18–19, 2025

Applications are processed **in the order received** (date and time stamped).

Incomplete applications will **not** be processed or time-stamped until all required documentation is included.

Important Note: There is **no guarantee of funding** even if your application meets all criteria. Reimbursements are first-come, first-served until funds are fully distributed.

Multiple Camp Locations

If your organization operates more than one licensed camp:

- Submit a **separate application** for each camp.
- The **\$10,000 maximum** applies per organization, not per camp.

Example:

Organization X operates Camps C, D, and E.

- Camp C requests \$3,300 in eligible expenses.
- Camp D requests \$5,000.
- Camp E requests \$3,500.

Total = \$11,800 in requests. The organization would receive **no more than \$10,000 total**, allocated across the three camps.

.PLEASE DO NOT FILL THIS APPLICATION OUT UNTIL YOU ARE READY TO SUBMIT ALL PAID EXPENSES AND RECEIPTS.

* Indicates required question

1. Email *

2. Name of Camp *

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

4. Name of Primary Contact *

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

5. Email Address of Primary Contact *

6. Phone Number for Primary Contact *

7. Please list your summer camp season dates for 2025:

8. 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) for the 2025 summer season. *

Eligibility Requirement

Mark only one oval.

☐ Yes

☐ No

9. Please upload a copy of your Massachusetts Recreational Camp License for 2025:

Files submitted:

10. 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: _____

11. Are 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)

12. 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

13. Are you a current Member of the Massachusetts Camping Association? *

Mark only one oval.

☐ Yes

☐ No

14. Are you Accredited by the American Camp Association? *

Mark only one oval.

☐ Yes

☐ No

Salary/remuneration Eligible Expenses: Employees or
Subcontractors providing mental health services:

100%

reimbursement for staff or subcontractors whose entire job
function goes to mental health services

OR 1:1 Aide/Support Staff
for individual camper requiring MH services.

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

15. 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.

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

Files submitted:

17. List amount of total salary / remuneration for employee/s or subcontractor/s providing mental health services for the 2025 camp season (up to August 29th). This may include pre-season expenses.

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

18. Upload spread sheet with name and the total salary/ remuneration for each employee/contractor and the receipts for each, providing mental health services during the 2025 camp season, up to August 29th.

These should include a payroll stub or statement for each employee 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.

19. 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.

20. List the total amount of training expenses directly related to mental health for campers up to age 18 at your camp during the 2025 season.

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

21. Upload spread sheet listing each training session AND receipts providing mental health services for campers up to age 18 during the 2025 camp season.

These should include a payroll stub or statement for each employee 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.

22. 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.

23. 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 2025 camp season.

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

24. 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 2025 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.

25. 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.

26. 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 2025 season.

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

27. 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 2025 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.

28. 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.

29. 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 2025 season.

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

30. 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

31. Describe how this funding supported the types of mental health services/ support your camp provided during the 2025 camp season: *

32. List Total Amount of Eligible Expenses *

Expenses may include more than \$10,000 but only up to \$10,000 may be awarded toward those expenses per camp or organization.

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

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

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