



## DELCO Summer 2024

### Back to Work/Back to Camp- Application for Camps

This application is for Delaware County summer camps that wish to participate in the “DELCO Summer 2024: Back to Work/Back to Camp” program for unemployed caregivers. If approved, camps will receive reimbursement for camp fees up to \$1,000 per unemployed caregiver. This program will operate June 10, 2024 to August 30, 2024. This program is funded by Delaware County.

#### Eligibility Requirements

- Camp must be located in Delaware County
- Camp must be up to date on all local, state, and federal taxes
- Only camp fees incurred between June 11, 2024 to August 30, 2024 are eligible for stipend.
- Maximum of 49 campers per legal entity may be funded.

#### SECTION 1: GENERAL INFORMATION

Camp Legal Name:

Camp d/b/a or Trade Name:

Camp FEIN (Federal Employer Identification Number):

Camp Physical Address:

Camp Mailing Address (if different from physical address):

Camp Director Name:

Camp Director Email:

Camp Director Phone:

Camp Website:

#### SECTION 2: CAMP INFORMATION

*(Will be included on camp list for caregivers)*

Please provide a brief description (100 words or less) about the camp’s programs or link to description on camp’s website. (optional)

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What age campers are accepted? \_\_\_\_\_

What hours are the camp programs? Is early drop-off or after care available? What times?

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What are the dates of your summer camp 2024? \_\_\_\_\_

List fee schedule:

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**SECTION 3: APPLICATION CERTIFICATION:**

*Please Initial*

I certify all questions have been answered truthfully. \_\_\_\_\_

I acknowledge this is a reimbursement grant program intended to help unemployed caregivers find camp-based childcare so they can conduct a job search and return to work. \_\_\_\_\_

I acknowledge that grants under this program are intended to provide economic support for job seekers suffering from the coronavirus public health emergency, and that grant funds must be applied to camp costs for children under their care. \_\_\_\_\_

I certify that my camp paid Federal and State income taxes as reported on individual or business tax returns. \_\_\_\_\_

Additionally, I acknowledge that my camp is compliant with all federal, state, and local laws, including taxation. \_\_\_\_\_

I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects and that the certifications herein were made in good faith. I acknowledge that an applicant or an authorized representative of an applicant that knowingly makes a false statement to obtain a grant under the program is punishable under penalty of perjury and fines pursuant to 18 PA C.S. § 4904

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**SECTION 4: APPLICATION All documents must be in PDF file Format:**

1. Answer program questions in camp application. (paper will not be accepted)
2. 2023 Federal Business Tax Return Full, Complete, and Signed. (1065 1120(S)) If camp files Federal Tax Return using Schedule C Full, Complete, and Signed 2023 Federal Personal Tax Return must be uploaded.
3. A list of business owners with 20% or more interest in the company. Please include percentage of ownership, and home mailing address. If an owner is another entity, include the legal signer for that entity.

**Email documents to [workforce-camp@co.delaware.pa.us](mailto:workforce-camp@co.delaware.pa.us)**