A picture containing text, clipart

Description automatically generated

**2021** Application for NCSA Co-Sponsorship and

Financial Assistance for a Cued Speech Camp or Workshop

***Due Dates: accepted on a rolling basis until funds run out***

Date received by NCSA:

This form and all attachments must be given to Nicole Dugan, Vice President and interim Director of Camps & Affiliates, as soon as possible.

1. Name of Cued Camp or Workshop:

1. Amount Requested from NCSA (Include a detailed description and amount of what the NCSA grant will cover, e.g., Cued Language Transliterators, Instructors, family scholarships):

1. Contact person (where check will be mailed to):
   1. Address:
   2. City/State/ZIP:
   3. Telephone Day: Evening:
   4. FAX:
   5. E-Mail:

1. Committee Members/Addresses/Telephone/E-Mail:
2. Date of Cue Camp/Workshop (DD/MM/YY):

1. Purpose of Cue Camp/Workshop:
2. Co-sponsoring organizations:
3. Facility (Location) and Contact Information:
   1. Include: Name, Address, Telephone, and Fax
   2. Include description of facility accommodations for classes, sleeping, eating, hygiene, recreation:
4. Attach your brochure or tentative schedule of classes, activities, meals, etc.
5. Proposed Budget (please include a detailed budget listing all expenditures and expected income):
   1. Expenses:
   2. Expected Income:
      1. Co-Sponsoring Contributions and Amount Granted (List Individually):
      2. In-Kind Contributions (List Individually):
      3. Participant Fees (List all types of fees):
6. Insurance (if not requesting NCSA insurance)
   1. List Carrier & Policy Number
   2. Please send a copy of the insurance form to the NCSA
7. Comments/Special Instructions:
   1. Please send a NCSA membership form to put in participant registration packets, and any other items you would like in the packet.
8. By receiving a grant from the NCSA, you are thereby accepting these conditions:

\_\_\_ Access to Cued Speech/Languages is provided as a mode of communication for the deaf and hard of hearing. (Note: The NCSA will not fund camps/workshops whose philosophy is averse to the use of Cued Speech/languages).

\_\_\_ Instructors whose NCSA Certification is current will be used for adult classes. (Note: Funding will not be provided for camps or workshops that do not use NCSA certified instructors.)

\_\_\_ Facilitated communication in attendees’ desired mode will be provided as needed.

\_\_\_ Programs will display respect for diverse opinions.

\_\_\_ Health and safety standards will be followed as mandated by state regulations.

\_\_\_ Camp/workshop will require participants to sign photo/video waivers. Waivers must include permission for the NCSA to use photos/videos for promotional materials. Samples provided upon request. A copy of all images will be sent to the NCSA via CD, flash/hard drive, or made available online.

\_\_\_ Camp/workshop will be covered by liability insurance.

\_\_\_ Staff and facility will be paid within 60 days.

1. A report must be sent to the NCSA within **30 days** of the close of camp. The report must include:
   1. A financial report
   2. Detailed description of expenditures and income
   3. Number of attendees with detail of how many were in each class
   4. Scholarships awarded
      1. Number of individuals
      2. States individuals come from
      3. Amount awarded
   5. Program information
   6. A summary of participants’ evaluation of the event
   7. *Demographic information* (Collect as much data as possible. All information collected will be kept confidential on a secure database. One of our new mission goals is to create more (new) cuers and this is one way that we can track people and maintain/strengthen connections better):
2. Family name:
   * 1. Names of each individual in the family unit
     2. Age of each
     3. Relationship to the deaf individual (mother, sibling, cousin, etc.)
     4. Whether they're hearing/hoh/deaf
3. For the deaf individual:
   * 1. Do they use any assistive technology, e.g. CI, hearing aid, FM, etc.?
     2. Which languages and modalities are used in the home, at school, elsewhere? (It may differ in each setting)
4. Address (town, state, zip code - please try to get the zip code, as it will make it a lot easier to plot them on a map)
5. # of times they've attended this camp
6. Have they attended other camps? If yes, which years?
7. Why are they attending camp? (this would help give us a better idea of what they're looking for, e.g. networking, support, learn from other families, professional development)
8. Any other information you think would be helpful/relevant
9. Return this form along with all supporting documentation by e-mail to:

Nicole Dugan

*nicole.dugan@cuedspeech.org*