

Town of Richmond

**Request for Special  
Appropriations**

**Request for Fiscal Year:   2019**

Organization's Name: Our Community Cares Camp, Inc.

Address: ---P.O. Box 503, Richmond, VT 05477

City, State, Zip:

Website address: -www.ourcommunitycarescamp.org-

**A. GENERAL INFORMATION**

1. Program Name: Our Community Cares Camp Summer Food and Enrichment

2. Contact Person/Title: ---Marie Thomas/Linda Parent-

Telephone Number: 802-434-6006

E-mail address: - - - occcv@gmail.com- - - - -

3. Total number of individuals served in the last complete fiscal year by this program:  
332 - 92 of whom were from Richmond

4. Total number of the above individuals who are Town residents: -- --- --  
Please attach any documentation that supports this number.

Percent of people served who are Town residents: 36%

5. Amount of Request: \$200

6. Total Program Budget: \$178,000 Percent of total program budget  
you are requesting from the Town of Richmond: 0.1%

7. Please state or attach the mission of your agency: OCCC seeks to provide children who would not otherwise attend summer camp and enriching summer experience along with good, nutritious meals. OCCC addresses the summer slide, food insecurity and the opportunity gap.

8. Will the funding be used to:

XXX  
Maintain an existing program \_\_\_\_\_  
Start a new program \_\_\_\_\_

Expand an Existing Program

9. Has your organization received funds from the Town in the past for this or a similar program? yes

Yes, please answer the following

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.

Yes, our services have increased and expenses have increased.

- b. Were any conditions or restrictions placed on the funds by the Selectboard? \_  
If yes, describe how those conditions or restrictions have been met.

NO

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**8. PROGRAM OVERVIEW**

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond?

Currently, at RES, there are 60 children who qualify for free or reduced lunches. There are many more who do not qualify, but whose families still do not have enough money to afford summer camp. These are the children we seek to serve.

2. Program Summary:

a. Identify the target recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. OCCC serves children who need summer food or who need access to summer enrichment, or both. We also serve children who need help with social issues and getting along in a communal setting. Children are recommended by school personnel who know the conditions the families face. OCCC also serves all families by providing an internship program for 14 – 16 year olds to give them their first job experience.

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b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? Children who have quality time with caring adults along with quality activities in the summer will be happier and will develop resilience. OCCC used a positive discipline strategy that creates a warm and welcoming environment for all.

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3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)

The town donation is a token of support for the program. The requested amount will provide food for 1 child over 4 weeks.

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b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should

revenues be lost?-----

OCCC receives money from towns, businesses, individuals and foundations, along with  
A reimbursement from the USDA. The list is very long. IF we lose funds from one source, we  
look for others.

### **C. ORGANIZATIONAL CAPACITY**

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. OCCC is entering its 11<sup>th</sup> year of providing service to CESU children. We have a staff consisting of students and professionals who receive training in various aspects of child development and trauma.

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2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). See attached report.

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3. Summarize or attach program and or service assessments conducted in the past two years.

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4. Does your organization have a strategic plan and a strategic planning process in place? no                      If yes, please attach your plan.

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? 9  
How many meetings were held by the board last year? 8

The undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant. *Marie Thomas* Date 12/14/2018  
Marie L. B Thomas, Executive Director

Print Name of Applicant and Title